

## MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

## PHYSICAL EXAM & CLEARANCE & CONSENT FORMS

• To be completed by parent or guardian or 18-year-old.

• Must be signed in *three* places on this page by parent or guardian or 18-year-old.



PLEASE PRINT									
Last		First	The state of the s	Middle					
STUDENT'S COMPLETE  LEGAL NAME:				514 P 5186 2 155 3					
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE	City		State					
STODENTS MOINT Day Year DATE OF BIRTH.	OF BIRTH:	IN COLUMN TO A STATE OF THE STA	City						
CIRCLE GRADE: 7 8 9 10 11 12   SCHOOL:									
DUVCICAL EVANMINATION & MEDICAL	CLEAD	ANCE							
PHYSICAL EXAMINATION & MEDICAL	CLEAR	ANCE							
To be completed by the examining MD, DO, PA or NP & Returned Directly to ti	ne patient.	Categories may be added	l or deleted. Chec	k Appropriate Column					
EXAMINATION: (Circle Correct Response As Necessary) Height: Weight: Male/	Female B	P: / Pulse: Visio	n: R 20/ L 20/	Corrected: Yes No					
MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL ABNORMAL FINDINGS					
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	100 E 108 E	Back	Neck						
Eyes/Ears/Nose/Throat: Pupils Equal Hearing		Duck	Shoulder/Arm						
Lymph Nodes			Elbow/Forearm						
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)  Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers Hip/Thigh	NAME OF THE PROPERTY OF THE PR					
Lungs:			Knee	110000					
Abdomen			Leg/Ankle	100					
Genitourinary (Males Only)  Skin: HSV, lesions suggestive of MRSA, tinea corporis			Foot/Toes Functional: Duck Walk						
Neurologic:			Tunctional, buck Walk						
RECOMMENDATIONS:									
I certify that I have examined the above student and recommend him/her as bein	g able to co	impete in supervised athletic	activities NOT cros	ssed out below					
BASEBALL - BASKETBALL - SOCCER - SOFT	BALL -	TRACK & FIELD -	VOLLEYBALL	- WRESTLING					
				CIRCLE ONE					
SIGNATURE OF EXAMINDER:				MD DO PA NP					
Signature of Statement State									
>									
PRINTED NAME OF EXAMINER:									
getting visiting and when it is a first time to be a first to be a									
The same of the sa									
PARENT OR GUARDIAN OR 18 -YEAR-0	OLD CO	NSENT							
I hereby give my consent for the above student to engage in interscholastic	athletics an	d for the disclosure to the I	MHSAA of informat	ion otherwise protected by FERPA					
and HIPAA for the purpose of determining eligibility for interscholastic ath									
athletic activities. He/She has my permission to accompa	ny the	team as a	member on	its out-of-town trips.					
I further understand that my son or daughter will be expected to adhere fire			of the school disti	rict and the Michigan High School					
Athletic Association.				1					
Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD			Date	7					
DETACH UPDE IF NIFFDED TO ACCOMPANY CTUE	SENT ATI	ETE \							
< DETACH HERE IF NEEDED TO ACCOMPANY STUI	1000								
MEDICAL TREATMENT CONSENT - To Be Completed By	Parent o	or Guardian or 18-Ye	ar-Old						
				77.					
l,, an 18 year-old	, or the p	arent or guardian of		recognize					
that as a result of athletic participation, medical treatment or									
ନଙ୍ଗ୍ୟୁ ପ୍ରତ୍ୟୁ nable to contact me for my consent for emergency r	nedical c	are. I do hereby conse	nt in advance t	o such emergency care,					
including		g wa	12						
hospital care, as may be deemed necessary under the then-existing	ng circum:	stances and to assume th	e expenses of suc	ch care.					
			_	<					
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD		DATE		1					



## MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

## **MEDICAL HISTORY**

• To be completed by parent or guardian or 18-year-old.





LAST	FIRST		MI STUDENT'S NAME:				43,45	3			
NUMBER AND STREET STUDENT'S ADDRESS:		- Cl	TY ZIF	•							
NAME OF FATHER OR GUARDIAN WORK PHONE			NAME OF MOTHER OR GUARD	NAME OF MOTHER OR GUARDIAN WORK PHONE							
FAMILY DOCTOR OFFICE PHONE			PHONE STUDENT'S HOME PHONE								
INSURANCE STA	TEM	ENT	AND MEDICAL HISTORY								
Our Son/Daughter will comply with the spec							t as pos	sible.			
Family Insurance Co: Signatures of Student:			& Parent/Guardian or 18 Year	r Old:	Contr	act #:		_			
				_		- 362	_ <				
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS		NO	MEDICAL QUESTIONS	YES	NO			
Has a Doctor ever denied or restricted your participation in Sports for any reason?			Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?			Do you have any concerns that you would like to discuss with a doctor?					
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other:			Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death			Were you born without or are you missing an orgaldentify by circling: A kidney An eye Your spleen testicle (males) Any other organ?					
Have you ever spent the night in the hospital?			syndrome)? Does anyone in your family have catecholaminergi			Have you ever had an eating disorder?					
Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	polymorphic ventricular tachycardia, short QT syndrome?  BONE AND JOINT QUESTIONS	YES	NO	Do you worry about your weight?  Have you ever had a head injury or concussion?	+	+-			
Have you ever passed out or nearly passed out DURING	1.0	110	Have you ever had an injury to a bone, muscle, ligament		2.00,000	Have you ever had a hit or blow to the head that caus					
or after exercise? Have you ever had discomfort, pain, tightness or pressure			or tendon that caused you to miss a practice or a game?  Have you ever had any broken or fractured bones or			confusion, prolonged headache, or memory problems Have you ever had numbness, tingling, or weakness					
in your chest during exercise?  Do you get lightheaded or feel more short of breath			dislocated joints?  Have you ever had an injury that required x-rays, MRI,			your arms or legs after being hit or falling?  Have you ever been unable to move your arms or leg	5				
than expected during exercise?  Do you get more tired or short of breath more quickly			CT scan, injections, therapy, a brace or cast or crutches?  Have you ever been told that you have neck instability or			after being hit or falling?  Are you trying to or has anyone recommended the	at	$\vdash$			
than your friends during exercise?			atlantoaxial instability (Down syndrome or dwarfism)?			you gain or lose weight?					
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you on a special diet or do you avoid certain types of foods?					
Have you ever had an unexplained seizure or do you have a history of seizure disorder?			Do you regularly use a brace, orthotics, or other assistive device?			Do you wear protective eyewear, such as goggles, or face shield?					
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?			Do you or someone in your family have sickle cell tr or disease?	iit				
Has a doctor ever told you that you have high blood pressure?			Do you have any history of juvenile arthritis or connective tissue disease?			Have you had any problems with your eyes or vision or had any eye injuries?					
Has a doctor ever told you that you have high			Have you ever had a stress fracture?			Do you wear glasses or contact lenses?					
H33 ষ্টেরিটের ever told you that you have Kawasaki disease? Has a doctor ever told you that you have other heart			Have you a bone, muscle, or joint injury bothering you?  IMMUNIZATION HISTORY		NO	Have you ever had herpes or MRSA skin infection?  Have you had infectious mononucleosis (mono) with	in	$\vdash$			
problems?  Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu,	YES	14503	the last month?  Do you have any rashes, pressure sores, or other skir		++			
			MCV4, HPV, Varicella, MMR)  MEDICAL QUESTIONS	YES	NO	problems?  Do You Have Any Allergies?		_			
Has a doctor ever told you that you have a heart YOUR FÂMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill while exercising in the heat?	IES	INO	FEMALES ONLY	YES	NO			
Does anyone in your family have a heart problem,	- take	10000000	Do you cough, wheeze, or have difficulty breathing			Have you ever had a menstrual period?					
Pacemaker, or implanted defibrillator?  Does anyone in your family have hypertrophic	-	-	during or after exercise?  Do you have headaches or get frequent muscle			How old were you when you had your first	-	+-			
cardiomyopathy, Marfan syndrome, Brugada syndrome?			cramps When exercising?			menstrual period?  How many periods have you had in the last					
Anyone in your family had unexplained fainting?  Anyone in your family had unexplained seizures?	-	-	Do you have pain, a painful bulge or hernia in the groin?  Is there any one in your family who has asthma?	-		twelve (12) months?					
Anyone in your family had unexplained near drowning?			Have you ever used an inhaler or taken asthma medicine								
I hereby state that, to the	best	of m	y knowledge, my answers to the	abov	ve qu	uestions are complete and cor	ect.				
Signatura			Signature of:			Date:		/			
Of Student			Parent/Guardian	••••		Dutci		<b>/</b>			
Of Student			rarenty duardidii								
< DETACH	HER	E IF	NEEDED TO ACCOMPANY STU	DENT	AT	HLETE >					
EMERGENCY INFOR	MA	TIO	N - To Be Completed by P	arer	nt o	r Guardian or 18 Year O	d				
Student's Name:						Gra					
IN EMERGENCY 1)			Phone #:			Cell #:					
CONTACT or 2)			Phone #:		Cell #:						
		rilone #.									
•						Ann the contract of the contra					
Current Medications:											