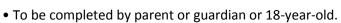
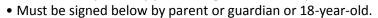


MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY







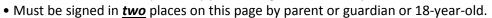
A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

STUDENT'S NAME:				FIRST	N	ΔI	SEX	GRADE	DATE OF BIRTH	AG	Æ		
NUMBER AND STR	EET					CIT	Υ				ZIP		
STUDENT'S ADDRESS:													
NAME OF FATHER OR GUARDIAN WOR				NAME OF MOTHER OR GUARDIAN				WORK	PHONE				
FAMILY DOCTOR OFFICE PHO				STUDENT'S HOME PHONE									
			MEDICAL	. HISTORY									
GENERAL QUESTIONS	YES	NO		ART HEALTH QUESTIONS	YES	NO		MEDI	CAL QUESTIONS	YES	NO		
Has a Doctor ever denied or restricted your participation in			Does anyone in your fami										
Sports for any reason?			right ventricular cardiomy Has any family member o			discuss with a doctor?							
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexpected or unexplained sudden				Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen						
Infections Other:			death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?						Any other organ?				
Have you ever spent the night in the hospital?			Does anyone in your fami	s anyone in your family have catecholaminergic					n eating disorder?				
Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	YES	NO		achycardia, short QT syndrome? INT 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	IES	NO		ry to a bone, muscle, ligament	1123	NO	Have you ever had a hit or blow to the head that caused						
or after exercise?				to miss a practice or a game?			confusion, prolonged headache, or memory problems?				<u> </u>		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			dislocated joints?	you ever had any broken or fractured bones or ated joints?				Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?					
Do you get lightheaded or feel more short of breath than			Have you ever had an inju	Have you ever had an injury that required x-rays, MRI,				Have you ever been unable to move your arms or legs					
expected during exercise? Do you get more tired or short of breath more quickly than				by, a brace or cast or crutches? hat you have neck instability or			Are yo						
your friends during exercise?			*	own syndrome or dwarfism)?			gain or						
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an x-ra atlantoaxial instability (Do			Are yo							
Have you ever had an unexplained seizure or do you have				ace, orthotics, or other assistive					ive eyewear, such as goggles, or a	+	-		
a history of seizure disorder?			device?				face sh		in your family have sickle cell trait	<u> </u>	<u> </u>		
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become or look red?			or disea							
Has a doctor ever told you that you have high blood			Do you have any history of			Have y	†	1					
pressure? Has a doctor ever told you that you have high cholesterol?			connective tissue disease? Have you ever had a stress			or had any eye injuries? Do you wear glasses or contact lenses?							
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle,			Have you ever had herpes or MRSA skin infection?							
Has a doctor ever told you that you have other heart			IMMUNIZA	YES	NO	Have y							
problems? Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu,				the last month? Do you have any rashes, pressure sores, or other skin						
Has a doctor ever told you that you have a heart murmur?			MCV4, HPV, Varicella, MMR) MEDICAL QUESTIONS			NO	problems? Do You Have Any Allergies?						
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill while exercising in the heat?			110	FEMALES ONLY			YES	NO		
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, or have difficulty breathing during or after exercise?				Have you ever had a menstrual period?						
Does anyone in your family have hypertrophic				u have headaches or get frequent muscle cramps			How o	+	-				
cardiomyopathy, Marfan syndrome, Brugada syndrome?			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 paint Is there any one in your fa			twelve (12) months?							
Anyone in your family had unexplained near drowning?			Have you ever used an inh	naler or taken asthma medicine?									
INSU	JRA	NC	E STATEME	NT AND CERT		CA	TION	1					
Our Son/Daughter will comply with the s	pecific	e insu	rance regulations of	of the school district an	d the	Medi	cal Hi	story que	stions are as complete a	nd corr	rect		
as possible.													
Family Insurance Co:				Insurance	ID#·								
Lamity insurance co.		-		msurance	1D π.					 .			
Signatures of Student:			& Pare	nt/Guardian or 18 Year	r Old:					4			
										- 1			
< D	ETAC	н не	RE IF NEEDED TO	O ACCOMPANY STUI	DENT	ATH	LETE	>					
										_			
EMERGENCY INFORI	MAI		N – To Be Co	ompleted by Pa	arer	it o	r Gu	ıardia	n or 18 Year Ol	<u>ē</u> l			
Student's Name:									Grade				
IN EMERGENCY 1)													
				Phone #: Cell #: Phone:									
									e:				
Allergies:													
Drug Reactions:													
Current Medications:													



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS

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





A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

A CORRENT-TEAR PHTS	ICAL IS ON		SE PRI		THE PREVIOU	3 ЗСПО	OL YEAR		
Last STUDENT'S COMPLETE			First	Middle					
STUDENT'S Month Day DATE OF BIRTH:	<u> </u>	Year	PLACE OF BIRTH:	City	State				
CIRCLE GRADE: 6 7 8 9 10 11	12 SCH								
PHYS	ICAL EX	AMINAT	ION &	MEDICAL CL	EARANCE.				
To be completed by the examining MD, D	O, PA or NP &	Returned Dire	ctly to the pa	atient. Categories may b	e added or deleted.	Check Ap	propriate Column		
EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: / Pulse:	Vision: R 20/	L 20/	Corrected: Yes No		
MEDICAL Appearance: Marfan stigmata (kyphoscoliosis, high-arched pala	ite nectus excavatum	arachnodactyly	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL Neck	NORMAL	ABNORMAL FINDINGS		
arm span > height, hyperlaxity, myopia, MVP, aon	-		Back						
Eyes/Ears/Nose/Throat: Pupils Equal Hearing					Shoulder/Arm				
Lymph Nodes Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)					Elbow/Forearm Wrist/Hand/Fingers				
Pulses: Simultaneous femoral and radial pulses	*	• • • • • • • • • • • • • • • • • • • •			Hip/Thigh				
Lungs: Abdomen					Knee Leg/Ankle				
Genitourinary (Males Only)					Foot/Toes				
Skin: HSV, lesions suggestive Neurologic:	of MRSA, tinea cor	poris			Functional: Duck Walk				
SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER: STUDENT PARTICIPA The information submitted herein is truthful to educational information that meets Michigan Do in MHSAA-sponsored athletics, I/we do hereby involve physical exertion and contact and that to agree to, and hereby, waive any and all claims employees, agents, attorneys, insurers, volunteer otherwise, during or arising in any way from my I/we understand that I am/we are expected to add I/we hereby give my consent for the above stude HIPAA for the purpose of determining eligibility.	o the best of n epartment of He y agree, underst here is inherent, suits, losses, a rs, and affiliates my child's parthere firmly to all ent to engage in	ny knowledge. ealth and Human and, appreciate, risk of personal actions, or causes based on any in ticipation in an M I established athl interscholastic at	By my/my of Services and and acknowled injury assoc s of action a jury to me, no MHSAA-sport detic policies whether the same and for the same action and the same action acti	child's signature below, I.d MHSAA requirements. I ledge: that participation in ciated with participation in gainst the MHSAA, its may child, or any person, who sored sport. of my school district and to the disclosure to the MH	/we acknowledge the Further, in considerary a such athletics is put a such activities, while the such activities, while the such activities are the such activities, while the such activities are the such activities, while the such activities are the such activities and the such activities are the such activities are the such activities and the such activities are	nat I/we have tion of my/nately volunt on risk I/we presentative therent risk, and otherwise	ve received concussion my child's participation tary; that such activities e assume; and that I/we s, committee-members, accident, negligence, or protected by FERPA and		
Signature of STUDENT:						Date:			
Signature of PARE or GUARDIAN or 18 V						Date: _			
< DETAC	CH HERE IF N	EEDED TO AC	CCOMPANY	Y STUDENT ATHLETE	>				
MEDICAL TREATMENT (CONSEN	T – To Be	Compl	eted By Paren	t or Guardi	an or 1	18-Year-Old		
I,	. 8	an 18 year-old	or the par	ent or guardian of			recognize		
that as a result of athletic participation, n may be unable to contact me for my conshospital care, as may be deemed necessa	nedical treatm sent for emerg ry under the t	nent on an eme gency medical hen-existing c	ergency bas care. I do sircumstanc	sis may be necessary, a hereby consent in adverse and to assume the e	and further recognance to such eme	nize that s rgency ca care.	chool personnel re, including		
SIGNATURE OF PA	RENT OR GU	ARDIAN OR 18	YEAR-OLD)		D	ATE		