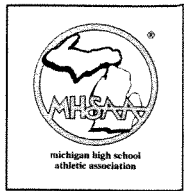




MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in **two** places on this page 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

PLEASE PRINT

| | | | | | | | | |
|--------------------------------|-------|------|-------|----------------------------|----|----|----|---------|
| STUDENT'S COMPLETE LEGAL NAME: | | Last | First | Middle | | | | |
| STUDENT'S DATE OF BIRTH: | Month | Day | Year | PLACE OF BIRTH: City State | | | | |
| CIRCLE GRADE: | 6 | 7 | 8 | 9 | 10 | 11 | 12 | SCHOOL: |

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

| | | | | | | | | |
|--|---------------|--------------------------|------------------------|---------------|--------------------------|---------------|-------|-------------------|
| EXAMINATION: (Circle Correct Response As Necessary) | Height: | Weight: | Male/Female | BP: / | Pulse: | Vision: R 20/ | L 20/ | Corrected: Yes No |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS | | | |
| Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnoidactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | Neck | | | | | |
| Eyes/Ears/Nose/Throat: Pupils Equal Hearing | | | Back | | | | | |
| Lymph Nodes | | | Shoulder/Arm | | | | | |
| Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) | | | Elbow/Forearm | | | | | |
| Pulses: Simultaneous femoral and radial pulses | | | Wrist/Hand/Fingers | | | | | |
| Lungs: | | | Hip/Thigh | | | | | |
| Abdomen | | | Knee | | | | | |
| Genitourinary (Males Only) | | | Leg/Ankle | | | | | |
| Skin: HSV, lesions suggestive of MRSA, tinea corporis | | | Foot/Toes | | | | | |
| Neurologic: | | | Functional: Duck Walk | | | | | |

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below

- BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

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

SIGNATURE OF

EXAMINER:

PRINTED NAME

OF EXAMINER:

CIRCLE ONE

MD DO PA NP

DATE:

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements. Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby, waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee-members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA

I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT:

Date:

Signature of PARENT:

Date:

or GUARDIAN or 18 YEAR-OLD

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT - To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, an 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

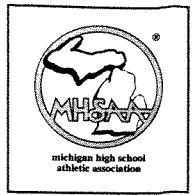
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD

DATE



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY



- To be completed by parent or guardian or 18-year-old.
- Must be signed below 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

| | | | | | | | | |
|--------------------------------------|--|-------|--------------|----------------------------|-----|-------|---------------|-----|
| STUDENT'S NAME: LAST | | FIRST | | MI | SEX | GRADE | DATE OF BIRTH | AGE |
| STUDENT'S ADDRESS: NUMBER AND STREET | | | | | | CITY | | ZIP |
| NAME OF FATHER OR GUARDIAN | | | WORK PHONE | NAME OF MOTHER OR GUARDIAN | | | WORK PHONE | |
| FAMILY DOCTOR | | | OFFICE PHONE | STUDENT'S HOME PHONE | | | | |

MEDICAL HISTORY

| GENERAL QUESTIONS | YES | NO | YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | 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 syndrome) ? | | | Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ? _____ | | |
| Have you ever spent the night in the hospital? | | | Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome? | | | Have you ever had an eating disorder? | | |
| Have you ever had surgery? | | | | | | Do you worry about your weight? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | YES | NO | BONE AND JOINT QUESTIONS | YES | NO | | YES | NO |
| Have you ever passed out or nearly passed out DURING or after exercise? | | | Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? | | | Have you ever had a head injury or concussion? | | |
| Have you ever had discomfort, pain, tightness or pressure in your chest during exercise? | | | Have you ever had any broken or fractured bones or dislocated joints? | | | Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| Do you get lightheaded or feel more short of breath than expected during exercise? | | | Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches? | | | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| Do you get more tired or short of breath more quickly than your friends during exercise? | | | Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)? | | | Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 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 trying to or has anyone recommended that you gain or lose weight? | | |
| 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? | | | Are you on a special diet or do you avoid certain types of foods? | | |
| 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 wear protective eyewear, such as goggles, or a face shield? | | |
| Has a doctor ever told you that you have high blood pressure? | | | Do you have any history of juvenile arthritis or connective tissue disease? | | | Do you or someone in your family have sickle cell trait or disease? | | |
| Has a doctor ever told you that you have high cholesterol? | | | Have you ever had a stress fracture? | | | Have you had any problems with your eyes or vision or had any eye injuries? | | |
| Has a doctor ever told you that you have Kawasaki disease? | | | Have you a bone, muscle, or joint injury bothering you? | | | Do you wear glasses or contact lenses? | | |
| Has a doctor ever told you that you have other heart problems? | | | IMMUNIZATION HISTORY | YES | NO | Have you ever had herpes or MRSA skin infection? | | |
| Has a doctor ever told you that you have a heart infection? | | | Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR) | | | Have you had infectious mononucleosis (mono) within the last month? | | |
| Has a doctor ever told you that you have a heart murmur? | | | MEDICAL QUESTIONS | YES | NO | Do you have any rashes, pressure sores, or other skin problems? | | |
| YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | NO | Have you ever become ill while exercising in the heat? | | | Do You Have Any Allergies? | | |
| 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? | | | FEMALES ONLY | YES | NO |
| Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome? | | | Do you have headaches or get frequent muscle cramps When exercising? | | | Have you ever had a menstrual period? | | |
| Anyone in your family had unexplained fainting? | | | Do you have pain, a painful bulge or hernia in the groin? | | | How old were you when you had your first menstrual period? | | |
| Anyone in your family had unexplained seizures? | | | Is there any one in your family who has asthma? | | | How many periods have you had in the last twelve (12) months? | | |
| Anyone in your family had unexplained near drowning? | | | Have you ever used an inhaler or taken asthma medicine? | | | | | |

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Insurance ID #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____

CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____