MEDICAL HIST	ORY	:	Co	mple	ted by Pare	ent or Guardia	n or 18-Y	ear-Old			
© Student Name:											
michigan high school athletic association Family Doctor:						Phone: _					
- GENERAL QUESTIONS		Υ	N		- MEDICAL QU	ESTIONS				Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?				Do you	ı cough, wheeze or	have difficulty breathing du	iring or after exe	ercise?			
Do you have any ongoing medical conditions? If so, please identify below:						naler or taken asthma med	icine?				
□ Asthma □ Anemia □ Diabetes □ Infections □ Other:						mily who has asthma?	:- - ( )				
Have you ever spent the night in the hospital or have you ever had surgery?  - HEART HEALTH QUESTIONS ABOUT YOU		V	N	<b>—</b>		missing a kidney, eye, test a painful bulge or hernia in	, , ,		organ?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?				_	<u> </u>	nononucleosis (mono) with					
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?						pressure sores or other ski					
Does your heart ever race or skip beats (irregular beats) during exercise?				Have	ou had a herpes or	MRSA skin infection?	•				
Has a doctor ever told you that you have any heart problems? Check all that apply:				Do you	ı have headaches o	r get frequent muscle cran	ps when exerci	sing?			
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol						while exercising in the hea					
☐ Kawasaki disease ☐ Other:						ır family have sickle cell tra					
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			_	-	,,	ns with your eyes or vision	or any eye injur	ies?			-
Do you get lightheaded or feel more short of breath than expected during exercise?  Do you have a history of seizure disorder or had an unexplained seizure?			_		wear glasses or co		a face shield?				-
Do you get more tired or short of breath more quickly than your friends during exercise?						eyewear such as goggles or a face shield? The you missing any recommended vaccines?					
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Υ	N	_	have any allergies						
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?				_		I injury or concussion?					
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				Do you	have any concerns	s that you would like to disc	cuss with a docto	or?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sud death before age 50 (including drowning, unexplained car accident or sudden infant death syndrom	dden				you ever received a ry problems?	blow to the head that caus	ed confusion, p	rolonged headacl	he or		
, , , , , ,	,		_		, ,	ness, tingling, weakness or	inability to may	o vour arms or lo	ac		-
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?	,				eing hit or falling?	less, tiligillig, weakiless of	mability to mov	e your arms or le	ys 		
- BONE AND JOINT QUESTIONS		Υ	Ν	Have y	ou ever had an eati	ing disorder?					
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a g	jame?				worry about your v						_
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?						nyone recommended that y		weight?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or cruto Do you regularly use a brace, orthotics or other assistive device?	ines?			Are yo	u on a special diet o	or do you avoid certain type	9S OT TOOODS?			V	N
Do you have a bone, muscle or joint injury that bothers you?				Have y	ou ever had a men	· · · · · ·				<u>'</u>	N
Do any of your joints become painful, swollen, feel warm or look red?						ou had your first menstrual	period?				
Do you have any history of juvenile arthritis or connective tissue disease?				How m	nany periods have y	ou had in the last 12 month	is?				
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?	?			CUR	RENT-YEAR PHYS	ICAL = GIVEN ON OR AF	ER APRIL 15 C	F THE PREVIOU	IS SCHOO	L YE	AR
PHYSICAL EXAMINATION & MEDICAL CLEARANCE:	Comi	nlo	tod	l by M		×ND DETII	DN DIDEC	TIV TO B	ATIENI	_	
				Dy IVI 		Vision: R 20/			ed: 🗆 Y		J NI
EXAMINATION: Height: Weight: ☐ Male ☐ Fema	ile	BP:		-	Pulse:		L 20/		1		
MEDICAL			N	ORMAL	ABNORMAL	MUSCULOSKELETA	L	NORMAL	ABNO	ORMA	L
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodac arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	ctyly,					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 Pulses: Simultaneous femoral and radial pulses	(PMI)					Elbow/Forearm Wrist/Hand/Fingers					
Lungs						Hip/Thigh					
Abdomen						Knee					_
Genitourinary (males only)  Skin: HSV: Lesions suggestive of MRSA, tinea corporis						Leg/Ankle Foot/Toes					
Neurologic						Functional Duck Walk					
RECOMMENDATIONS:  I certify that I have examined the above student and recommend h  BASEBALL – BASKETBALL – BOWLING – COMPETITIVE C  LACROSSE – SKIING – SOCCER – SOFTBALL – SWI  Name of Examiner (print/type):  Signature of Examiner:	HEER IMMIN	– C	ROS IVIN	SS COL G – TE	INTRY – FOOTE NNIS – TRACK (	BALL – GOLF – GYMI & FIELD – VOLLEYBA	NASTICS – IO ALL – WRES <sup>*</sup> ate:	CE HOCKEY TLING			NP
(DETACH HERE IF NE											
EMERGENCY INFORMATION: COMP								\			
Student: Grade:											
IN EMERGENCY (1):											
IN EMERGENCY (2):	Home	#:	(	)_		C	ell #: (	)			
Drug Reactions:	Curre	nt N	/ledi	ication	s:						

Allergies: \_

FORM A: FEB-20-17

## PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded headline areas are to be completed by student, parent/guardian or 18-year-old



There are **FOUR** (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

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

Student Name:	FIRS	ST	MIDDLE INITIAL
Student Address:			
STREET	CITY	(	ZIP
Gender: 🔲 M 🖵 F Age: Date of Birth: _	Place of Birth	(City/State):	
School:		Circle Grade: 6 7	8 9 10 11 12
Father/Guardian Name:			
Phone (home):			
Mother/Guardian Name:			
Phone (home):			
Email Address: Parent/Guardian/18-Year-Old:			
STUDENT PARTICIPA	ATION & PARENT or GUARDIAN o	or 18-YEAR-OLD CONSENT	
The information submitted herein is truthful to the best of my concussion educational information that meets Michigar			nave received
Further, in consideration of my/my child's participation in MH			S .
that participation in such athletics is purely voluntary; th personal injury associated with participation in such acti			
actions, or causes of action against the MHSAA, its members			
affiliates based on any injury to me, my child, or any person, child's participation in an MHSAA-sponsored sport.	whether because of inherent risk, accident	t, negligence, or otherwise, during of	or arising in any way from my/my
I/we understand that I am/we are expected to adhere firmly to	o all established athletic policies of my sch	nool district and the MHSAA. I/we he	ereby give my consent for the
above student to engage in interscholastic athletics and for the determining eligibility for interscholastic athletics. My child ha			
Signature of STUDENT:			Date:
			Date:
Signature of PARENT or GUARDIAN or 18-Y			Date.
	INSURANCE STATEMENT	. ,	
Our son/daughter will comply with the specific insur	-	ICT.	
The student-athlete has health insurance:   YE		D #.	
If YES, Family Insurance Co:  Additionally, I hereby state that, to the best of my kn			
Signature of PARENT or GUARDIAN or 18-YI			
(DETA	CH HERE IF NEEDED TO ACCOMPANY STU	JDENT-ATHLETE)	
MEDICAL TREATMENT CO	NSENT: COMPLETED BY PAREN	T or GUARDIAN or 18-YEAR	R-OLD
	parally or the parent or quardien of		recognize that as a recult of
athletic participation, medical treatment on an emergency basis may be		sonnel may be unable to contact me for r	my consent for emergency medical
care. I do hereby consent in advance to such emergency care, including  Signature of PARENT or GUARDIAN or 18-YI			_
Signature of PARENT of GUARDIAN of 18-Y	EAN-ULD		Date: