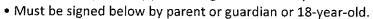


MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

• 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

LAST STUDENT'S NAME:				FIRST		MI SEX GRAI		GRADE	DATE OF BIRTH	AGE		
NUMBER AND STR	EET					CIT	Υ			<u> </u>	ZIP	
STUDENT'S ADDRESS: NAME OF FATHER OR GUARDIAN			WORK PHONE	NAME OF MOTHER OR GU	ARDIAN	ī			WORK	PHONE		
FAMILY DOCTOR	OVELOP BYYOUR							1110110				
FAMILY DOCTOR			OFFICE PHONE	STUDENT'S HOME PHONE								
INSU	JRA	NC	E STATEME	NT AND MED	CA		STO	DRY	Section of the second of the s	1200	54340 K	
Our Son/Daughter will comply with the sp	ecific	insura	nce regulations of the	e school district and the N	/ledica	Histo	ry ques	tions are a	s complete and correct as	oossible	3. 3.	
Family Insurance Co:							act #: _					
Signatures of Student:			& P:	arent/Guardian or 18 Yea	r Old·					4		
GENERAL QUESTIONS	YES	NO		ART HEALTH QUESTIONS	YES	NO	ar News	MEDIC	AL 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?					have any cond with a doctor?	erns that you would like to	21893500.000	. 66.59.7.1	
Do you have any ongoing medical conditions? If so, please			Has any family member of					nt or are you missing an organ?	 			
Identify by Circling: Asthma Anemia Diabetes Infections Other:			Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained				Identify	by circling: A	A kidney An eye Your spieen Any other organ?			
Have you ever spent the night in the hospital?	1		car accident or sudden inf Does anyone in your fami	fant death syndrome) ? ily have catecholaminergic					eating disorder?	ļ	<u> </u>	
Have you ever had surgery?			polymorphic ventricular tachycardia, short QT syndrome?				Do you	worry about y	our weight?			
HEART HEALTH QUESTIONS ABOUT YOU Have you ever passed out or nearly passed out DURING	YES	ii/NO/	BONE AND JOINT QUESTIONS Have you ever had an injury to a bone, muscle, ligament			NO			ead injury or concussion? it or blow to the head that caused			
or after exercise?			or tendon that caused you	to miss a practice or a game? confusion, prolonged headache				neadache, or memory problems?				
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?						mbness, tingling, or weakness in being hit or falling?			
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,				Have yo	u ever been u	nable to move your arms or legs			
Do you get more tired or short of breath more quickly than			CT scan, injections, therapy, a brace or cast or crutches? Have you ever been told that you have neck instability or					ng hit or fallir trying to or h	ig? as anyone recommended that you			
your friends during exercise? Has a doctor ever ordered a test for your heart?	ļ		atlantoaxial instability (Down syndrome or dwarfism)?				gain or	ose weight?				
For example: ECG/EKG, echocardiogram			Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?				Are you types of		iet or do you avoid certain			
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 face shi		e eyewear, such as goggles, or a			
Does your heart ever race or skip beats (irregular beat)			Do any of your joints become painful, swollen, feel warm				Do you	or someone in	your family have sickle cell trait	-	\vdash	
during exercise? Has a doctor ever told you that you have high blood			or look red? Do you have any history of juvenile arthritis or				or disea		blems with your eyes or vision			
pressure?			connective tissue disease?	?			or had a	ny eye injurie:	57			
Has a doctor ever told you that you have high cholesterol? Has a doctor ever told you that you have Kawasaki disease?			Have you ever had a stres Have you a bone, muscle.	s fracture? or joint injury bothering you?					r contact lenses? pes or MRSA skin infection?		$\vdash \vdash$	
Has a doctor ever told you that you have other heart problems?				ATION HISTORY	YES	NO	Have yo	u had infectio	us mononucleosis (mono) within			
Has a doctor ever told you that you have a heart infection?	<u> </u>		Are you missing any reco	mmended vaccines (Tdap, Flu,			the last Do you		es, pressure sores, or other skin		\vdash	
Has a doctor ever told you that you have a heart murmur?			MCV4, HPV, Varicella, MEDICA	VIMR) AL QUESTIONS	YES	NO	problem		:2			
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		while exercising in the heat?	I LO	INO		Have Any Al	MALES ONLY	YES	NO	
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, or during or after exercise?	r have difficulty breathing			Have yo	ou ever had a n	nenstrual period?			
Does anyone in your family have hypertrophic			Do you have headaches or	r get frequent muscle cramps			How old	i were you wh	en you had your first			
cardiomyopathy, Marfan syndrome, Brugada syndrome? Anyone in your family had unexplained fainting?			When exercising?	ful bulge or hernia in the groin?				al period?	ve you had in the last	-	\sqcup	
Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma? twelve (12) months?					ve you had in the last				
Anyone in your family had unexplained near drowning?				haler or taken asthma medicine?								
I hereby state that, to the b	est o	of my	, knowledge, n	ny answers to the	abov	e qu	estio	ns are c	omplete and corre	ct.		
Signature:			S	ignature of:					Date:	4	سيط	
Of Student				arent/Guardian						\		
				•								
< D	ETAC	H HE	RE IF NEEDED TO	O ACCOMPANY STU	DENT	ATH	LETE	>				
EMERGENCY INFOR	ΜΔΤ	IOI	l – To Be Co	mpleted by P	aron	t o	r Gu	ardian	or 18 Vear Old	14.8		
Student's Name:									Grade:			
N EMERGENCY 1)			Phone #:			Cell #:						
CONTACT or 2)			Phone #: Cell #:					#: <u> </u>				
Family Doctor:								Phone				
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.

• Must be signed in *three* 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													
Last	First	Mir	ddle										
STUDENT'S COMPLETE LEGAL NAME:													
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City		Sta	tate								
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:													
PHYSICAL EXAMINATION & MEDICAL CLEARANCE													
To be completed by the examining MD, DO, PA or NP & Returned Direc	ctly to the j	patient. Categories may be	added or deleted.	Check Ap	propriate Column								
EXAMINATION: (Circle Correct Response As Necessary) Height: Weight:	Male/Female	e BP: / Pulse:	Vision: R 20/	L 20/	Corrected: Yes No								
MEDICAL Apparature: Marfar stigmats (Auphospoliasis high archad politic parties acceptable acceptable)	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)	'	 	Neck 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										
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PML) Pulses: Simultaneous femoral and radial pulses		 	Wrist/Hand/Fingers Hip/Thigh	 									
Lungs:			Knee										
Abdomen			Leg/Ankle										
Genitourinary (Males Only) Skin: HSV, lesions suggestive of MRSA, tinea corporis			Foot/Toes Functional: Duck Walk	 -									
Neurologic:			Punctional, Duck waik	 									
RECOMMENDATIONS:			<u> </u>										
BASEBALL - BASKETBALL - BOWLING - COMPETITIVICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER:	- SWIMMIN	NG - TENNIS - TRACK & FI	TELD - VOLLEYBAI	ll - WREST U S SCHC	TLING								
	PART	ICIPATION											
This application to participate in athletics is voluntary on my part and the informal negotiable certificate for merchandise in any amount, nor any emblematic award events, nor have I ever competed under an assumed name. After I have represent until after my school season has been completed. I understand that I am expected High School Athletic Association, such as those previously mentioned above as estimator of STUDENT: PARENT OR GUARDIA I hereby give my consent for the above student to engage in interscholastic athlet HIPAA for the purpose of determining eligibility for interscholastic athletics; and activities. He/She has my permission to accompany the team as a member on its	or merchanited my scho d to adhere to examples bu N OR tics and for to d I understan	ndise worth more than twenty ool in any sport, I will not co firmly to all established athle ut which do not present all th 18 -YEAR-OLD the disclosure to the MHSAA and the possibility that serious	y-five dollars (\$25.0 pmpete in any outsid letic policies of my s he policies to which Date: Deconser	00) for particle athletic coschool distri I am subject	icipating in athletic contest in this sport rict and the Michigan ct.								
I further understand that my son or daughter will be expected to adhere firmly to Association.		•	chool district and the	e Michigan	High School Athletic								
Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD			Date		•								
< DETACH HERE IF NEEDED TO AC	COMPAN	Y STUDENT ATHLETE	>		·Musica								
MEDICAL TREATMENT CONSENT – To Be	Comp	leted By Paren	t or Guardi	an or	18-Year-Old								
I, , an 18 year-old,	or the pa	rent or guardian of			recognize								
that as a result of athletic participation, medical treatment on an eme may be unable to contact me for my consent for emergency medical hospital care, as may be deemed necessary under the then-existing c	ergency ba l care. I do	asis may be necessary, a o hereby consent in adva	ance to such eme	ergency ca	school personnel								
SIGNATURE OF PARENT OR GUARDIAN OR 18 VEAR-OUR			DATE										