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

	Last	First	Middle
STUDENT'S COMPLETE LEGAL NAME:			

	Month	Day	Year		City	State
STUDENT'S DATE OF BIRTH:				PLACE OF BIRTH:		

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 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, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
			Back		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Shoulder/Arm		
Lymph Nodes			Elbow/Forearm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Wrist/Hand/Fingers		
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh		
Lungs:			Knee		
Abdomen			Leg/Ankle		
Genitourinary (Males Only)			Foot/Toes		
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk		
Neurologic:					

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: _____ CIRCLE ONE MD DO PA NP

PRINTED NAME OF EXAMINER: _____ DATE: _____

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars ($25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of STUDENT: _____ **Date:** _____

Signature of PARENT: or GUARDIAN or 18 YEAR-OLD _____ **Date:** _____

---------- < 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

LAST	FIRST	MI	SEX	GRADE	DATE OF BIRTH --- ---	AGE
STUDENT'S NAME:						

NUMBER AND STREET	CITY	ZIP
STUDENT'S ADDRESS:		

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
Has a Doctor ever denied or restricted your participation in Sports for any reason?		
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other: _____		
Have you ever spent the night in the hospital?		
Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**
Have you ever passed out or nearly passed out DURING or after exercise?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram		
Have you ever had an unexplained seizure or do you have a history of seizure disorder?		
Does your heart ever race or skip beats (irregular beat) during exercise?		
Has a doctor ever told you that you have high blood pressure?		
Has a doctor ever told you that you have high cholesterol?		
Has a doctor ever told you that you have Kawasaki disease?		
Has a doctor ever told you that you have other heart problems?		
Has a doctor ever told you that you have a heart infection?		
Has a doctor ever told you that you have a heart murmur?		
YOUR FAMILY'S HEART HEALTH QUESTIONS	**YES**	**NO**
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?		
Anyone in your family had unexplained fainting?		
Anyone in your family had unexplained seizures?		
Anyone in your family had unexplained near drowning?		

YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO
Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?		
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) ?		
Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?		
BONE AND JOINT QUESTIONS	**YES**	**NO**
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 any broken or fractured bones or dislocated joints?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?		
Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		
Do you regularly use a brace, orthotics, or other assistive device?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had a stress fracture?		
Have you a bone, muscle, or joint injury bothering you?		
IMMUNIZATION HISTORY	**YES**	**NO**
Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)		
MEDICAL QUESTIONS	**YES**	**NO**
Have you ever become ill while exercising in the heat?		
Do you cough, wheeze, or have difficulty breathing during or after exercise?		
Do you have headaches or get frequent muscle cramps When exercising?		
Do you have pain, a painful bulge or hernia in the groin?		
Is there any one in your family who has asthma?		
Have you ever used an inhaler or taken asthma medicine?		

MEDICAL QUESTIONS	YES	NO
Do you have any concerns that you would like to discuss with a doctor?		
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 had an eating disorder?		
Do you worry about your weight?		
Have you ever had a head injury or concussion?		
Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Have you ever been unable to move your arms or legs after being hit or falling?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
Do you wear protective eyewear, such as goggles, or a face shield?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or had any eye injuries?		
Do you wear glasses or contact lenses?		
Have you ever had herpes or MRSA skin infection?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores, or other skin problems?		
Do You Have Any Allergies?		
FEMALES ONLY	**YES**	**NO**
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last twelve (12) months?		

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: _____ Contract #: _____

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: _____