MEDICAL HISTO	DRY:	Co	npleted by Parent or Guardian or 18-Year-Old		
® Student Name:			Date of Exam:		
michigan high school athletic association Family Doctor:			Phone:		
- GENERAL QUESTIONS	Y	′ N	- MEDICAL QUESTIONS Y N		
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you have any ongoing medical conditions? If so, please identify below:			Have you ever used an inhaler or taken asthma medicine?		
☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:			Is there anyone in your family who has asthma?		
Have you ever spent the night in the hospital or have you ever had surgery?			Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
- HEART HEALTH QUESTIONS ABOUT YOU	Y	N	Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Have you have any value processes (mono) within the last month?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Does your heart ever race or skip beats (irregular beats) during exercise?			Do you have any rashes, pressure sores or other skin problems? Have you 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 have headaches or get frequent muscle cramps when exercising?		
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol			Have you ever become ill while exercising in the heat?		
☐ Kawasaki disease ☐ Other:			Do you or someone in your family have sickle cell trait or disease?		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			Have you had any problems with your eyes or vision or any eye injuries?		
Do you get lightheaded or feel more short of breath than expected during exercise?			Do you wear glasses or contact lenses?		
Do you have a history of seizure disorder or had an unexplained seizure?			Do you wear protective eyewear such as goggles or a face shield?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Immunization History: Are you missing any recommended vaccines?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Y	N	Do you have any allergies?		
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			Have you ever had a head injury or concussion?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			Do you have any concerns that you would like to discuss with a doctor?		
Has any family member or relative died of heart problems or had an unexpected or unexplained suddeath before age 50 (including drowning, unexplained car accident or sudden infant death syndrome	den)?		Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
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?			Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
- BONE AND JOINT QUESTIONS	Y	' N	Have you ever had an eating disorder?		
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a gar	me?		Do you worry about your weight?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			Are you trying to or has anyone recommended that you gain or lose weight?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutch	es?		Are you on a special diet or do you avoid certain types of foods?		
Do you regularly use a brace, orthotics or other assistive device?			- FEMALES ONLY (Optional) Y N		
Do you have a bone, muscle or joint injury that bothers you?			Have you ever had a menstrual period? How old were you when you had your first menstrual period?		
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?			How many periods have you had in the last 12 months?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR		
PHYSICAL EXAMINATION & MEDICAL CLEARANCE: 0	Comp	leted	by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT		
EXAMINATION: Height: Weight: □ Male □ Female		P:	/ Pulse: Vision: R 20/ L 20/ Corrected: □ Y □ N		
MEDICAL			ORMAL ABNORMAL MUSCULOSKELETAL NORMAL ABNORMAL		
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodacty	ds.	-	MINIMAL ADMONINAL MOSSICONLELIAL MONIMAL ADMONIMAL		
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	γıy,		Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes	28.41\		Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (F Pulses: Simultaneous femoral and radial pulses	PIVII)		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 his BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CH LACROSSE – SKIING – SOCCER – SOFTBALL – SWIN Name of Examiner (print/type): Signature of Examiner:	HEER –	CROS	g able to compete in supervised athletic activities NOT crossed out below. S COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY G - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING Date: (Check One): MD DO PA NP OMPANY STUDENT-ATHLETE)		
			PARENT or GUARDIAN or 18-YEAR-OLD		
	Doctor: Phone: ()				
IN EMERGENCY (1): H	lome t	4. /)		
	IUIIIC 1	<i>+</i> . () Cell #: ()		
			Cell #: ()		

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: