

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 <u>two</u> 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

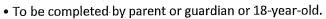
| | PLEASE | PRINT | | | | | | | | |
|--|--|--|---|---|--|--|--|--|--|--|
| Last STUDENT'S COMPLETE | | First | | Middle | | | | | | |
| LEGAL NAME: | | | | | | | | | | |
| STUDENT'S Month Day DATE OF BIRTH: | | ACE City BIRTH: | · | State | | | | | | |
| CIRCLE GRADE: 6 7 8 9 10 11 12 | SCHOOL: | | | | | | | | | |
| PHYSICAL | EXAMINATIO | N & MEDICAL | CLEARANCE | | | | | | | |
| To be completed by the examining MD, DO, PA or b | | | | Check Appropriate Column | | | | | | |
| EXAMINATION: (Circle Correct Response As Necessary) Height: | | | Pulse: Vision: R 20/ | L 20/ Corrected: Yes No | | | | | | |
| MBDICAL | A CONTRACTOR OF THE STATE OF TH | ORMAL WABNORMAL FINDE | NGS MUSCULOSKELETAL Neck | NORMAL WABNORMAL FINDINGS | | | | | | |
| Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus exca arm span > height, hyperlaxity, myopia, MVP, aortic insufficient | ey) | | Back | | | | | | | |
| Byes/Bars/Nose/Throat: Pupils Equal . Hearing | | . :- | Shoulder/Arm | | | | | | | |
| Lymph Nodes | | 1 1. | · Elbow/Forearm Wrist/Hand/Fingers | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point Pulses: Simultaneous femoral and radial pulses | of maximal impulse (PMI) | 7 | Hip/Thigh | - | | | | | | |
| Puises: Simunaneous temoral and radial puises Lungs: | | : | Knee | | | | | | | |
| Abdomen | | | Leg/Ankle | | | | | | | |
| Genitourinary (Males Only) | | | Foot/Toes | | | | | | | |
| Skin: HSV, lesions suggestive of MRSA, time | ea corporis | <u>.</u> . | Functional: Duck Walk | | | | | | | |
| Neurologic: | | | | | | | | | | |
| ICE HOCKEY - LACROSSE - SKIING - S A CURRENT-YEAR PHYSICAL IS SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER: | | | OF THE PREVIOU | | | | | | | |
| STUDENT PARTICIPATION | P DARENT O | P GHAPDIAN | | | | | | | | |
| 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: Signature of PARENT: Or GUARDIAN or 18 YEAR-OLD COURT HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > Date: Or GUARDIAN or 18 YEAR-OLD | | | | | | | | | | |
| MEDICAL TREATMENT CONSE | NT - To Be Co | ompleted By Pa | rent or Guardia | n or 18-Year-Old | | | | | | |
| I. | , an 18 year-old, or | the parent or guardian of | f | recognize | | | | | | |
| that as a result of athletic participation, medical tre may be unable to contact me for my consent for en hospital care, as may be deemed necessary under the SIGNATURE OF PARENT OR | atment on an emerger nergency medical care he then-existing circu | ncy basis may be necess e. I do hereby consent in mstances and to assume | ary, and further recogni n advance to such emerg | ze that school personnel gency care, including | | | | | | |

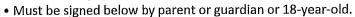


Current Medications:

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY







| STUDENT'S NAME: | | | | FIRST | | MI . | SEX | GRADE | DATE OF BIRTH | A | GE |
|--|--|--------------|---|--|---------------|---|--|---|---|------------|--------------|
| NUMBER AND STI | REET | | • | - ANAMATA TO T | | CIT | <u>'</u> ' | | | L | ZIP |
| STUDENT'S ADDRESS: | | | | Tarris on on the state of the | 122212 | | | | WORK | DIIONE | |
| NAME OF FATHER OR GUARDIAN | | | WORK PHONE | NAME OF MOTHER OR GU | AKDIAN | ł | | | WUKK | PHONE | ÷ |
| FAMILY DOCTOR | • | | OFFICE PHONE | STUDENT'S HOME PHONE | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | MEDICAL | HISTORY | • | | • | | | | |
| | 1 | | | ARTHEATTHOURSTIONS | YES. | NO: | | - MgDU | EAL QUESTIONS | l vec | - III N |
| GENERAL QUESTIONS Has a Doctor ever denied or restricted your participation in | YES | NO | Does anyone in your fam | | LLD | | C-111111111111111111111111111111111111 | *************************************** | ncerns that you would like to | | |
| Sports for any reason? | | | right ventricular cardiom | yopathy, long QT syndrome? | | | | with a doctor | | | L |
| Do you have any ongoing medical conditions? If so, please | | | Has any family member of | or relative died of heart pected or unexplained sudden | | İ | | | out or are you missing an organ? | | |
| Identify by Circling: Asthma Anemia Diabetes | | | | iding drowning, unexplained | | . | | | A kidney An eye Your spleen | | |
| Infections Other: | | <u> </u> | car accident or sudden in | | | | | | Any other organ? | | |
| Have you ever spent the night in the hospital? | ļ | ļ | | ily have catecholaminergic achycardia, short QT syndrome? | | \vdash | | | n eating disorder? your weight? | | |
| Have you ever had surgery? HEART HEALTH QUESTIONS AROUT YOU | YES | ENO. | | DINT QUESTIONS | YES | NO. | | | head injury or concussion? | | +- |
| Have you ever passed out or nearly passed out DURING | | | | ary to a bone, muscle, ligament | 1001504205.00 | 7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | <u></u> | | hit or blow to the head that caused | | 1 |
| or after exercise? | | | | to miss a practice or a game? | | | | | headache, or memory problems? | | _ |
| Have you ever had discomfort, pain, tightness or pressure | | | Have you ever had any br dislocated joints? | oken or fractured bones or | | | - | | umbness, tingling, or weakness in er being hit or falling? | · | 1 |
| in your chest during exercise? Do you get lightheaded or feel more short of breath than | 1 | + | | ury that required x-rays, MRI, | | \vdash | | | unable to move your arms or legs | | + |
| expected during exercise? | | | CT scan, injections, thera | py, a brace or cast or crutches? | L | | after be | ng hit or fall | ing? | | \perp |
| Do you get more tired or short of breath more quickly than | 1 | | • • | that you have neck instability or own syndrome or dwarfism)? | | | | trying to or l lose weight? | has anyone recommended that you | | 1 |
| your friends during exercise? Has a doctor ever ordered a test for your heart? | | | Have you ever had an x-ra | | | - | | | diet or do you avoid certain | | ├ |
| For example: ECG/EKG, echocardiogram | | | | own syndrome or dwarfism)? | | | types of | foods? | - | | ļ. |
| Have you ever had an unexplained seizure or do you have | | | | ace, orthotics, or other assistive | | | | | ve eyewear, such as goggles, or a | | |
| a history of seizure disorder? Does your heart ever race or skip beats (irregular beat) | - | | Do any of your joints become | ome painful, swollen, feel warm | | \vdash | Do you | | n your family have sickle cell trait | | |
| during exercise? | | | or look red? | | | | or disea | | -,,, | | |
| Has a doctor ever told you that you have high blood | | | Do you have any history o | | | | | | oblems with your eyes or vision | | |
| pressure? | | ŀ | connective tissue disease? Have you ever had a stres | | | ┝┷┼ | | ny cyc injurie | es? or contact lenses? | · . | ـــ |
| Has a doctor ever told you that you have high cholesterol? Has a doctor ever told you that you have Kawasaki disease? | <u> </u> | | | or joint injury bothering you? | | | | | erpes or MRSA skin infection? | ' | - |
| Has a doctor ever told you that you have other heart | | | CONTRACTOR STORES OF THE | ATION HISTORY | Nise's | | Have yo | u had infecti | ous mononucleosis (mono) within | | |
| problems? | ļ | | 医中央性肠炎性肠炎性炎性 | 的现在分词,但他们把自己的 | | | the last | | | | ╙ |
| Has a doctor ever told you that you have a heart infection? | | | Are you missing any reco MCV4, HPV, Varicella, A | mmended vaccines (Tdap, Flu, AMR) | | | problem | | nes, pressure sores, or other skin | | |
| Has a doctor ever told you that you have a heart murmur? | | | | IL QUESTIONS | YES | NO | <u> </u> | Have Any A | Hergies? | | H |
| YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | NO. | | while exercising in the heat? | | | | F. | MALES ONLY | YES | NC |
| Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator? | | | Do you cough, wheeze, or during or after exercise? | have difficulty breathing | | | Have yo | u ever had a | menstrual period? | | |
| Does anyone in your family have hypertrophic | | | | get frequent muscle cramps | | | How old | were you w | hen you had your first | | \vdash |
| cardiomyopathy, Marfan syndrome, Brugada syndrome? | | | When exercising? | | | | | al period? . | | | |
| Anyone in your family had unexplained fainting? | | | | ful bulge or hemia in the groin? | | | | ny periods hi [2] months? | ive you had in the last | | |
| Anyone in your family had unexplained seizures? Anyone in your family had unexplained near drowning? | <u>. </u> | | Is there any one in your fa | naler or taken asthma medicine? | | | tweive (| (2) Idonuis i | | | |
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| | | | | NT AND CERT | | | | | | | |
| Our Son/Daughter will comply with the s | pecifi | insu | rance regulations o | of the school district an | d the | Medic | al His | tory ques | tions are as complete an | d corr | ect |
| as possible. | _ | | • | | | | | | | | |
| - | | | r | T | т. #. | | | | | ٠. | |
| Family Insurance Co: | | | | msurance | ш #: | | | | | | |
| | | | 0.70 | | . 614. | | | | • | | سند |
| Signatures of Student: | | | & Pare | ni/Guardian or 18 Year | Ola: | | | | | - 7 | |
| | | | | | | | | • | | | |
| < D | ETAC | H HE | RE IF NEEDED TO | ACCOMPANY STUL | DENI | ATHL | EIE > | | | - : | |
| EMERGENCY INFOR | ΛΙΔΤ | IOI | I - To Be Co | muleted by Pa | aren | t or | Guz | ardiar | or 18 Vear Old | | |
| | | | | | | | | | | | |
| tudent's Name: | | | · · · · · · · · · · · · · · · · · · · | | | | | | Grade: | , | |
| N EMERGENCY 1) | | | | Phone #: | | | | Cell | #: | | |
| CONTACT or 2) | | | | Phone #: | | | | Cell | #: | | |
| | | | | | | | | Phono | • | | |
| amily Doctor: | | | | | | | | | · | | |
| Allergies: | | | | | | | | | | | |
| Drug Reactions: | | | | | | | | | • | | |