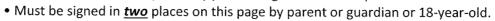


MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS

• To be completed by parent or guardian or 18-year-old.





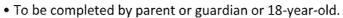
A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

			PLEA	SE PR	INT					
Last STUDENT'S COMPLETE LEGAL NAME:					First		Middle			
STUDENT'S DATE OF BIRTH:	Month	Day	Year	PLACE OF BIRTH:						
CIRCLE GRADE:	7 8 9 1		SCHOOL:							
					MEDICAL CL					
			NP & Returned Dire	ctly to the p	atient. Categories may b	e added or deleted.	Check Ap	propriate Column		
EXAMINATION: (C	Circle Correct Response A	s Necessary) Height:	Weight:	Male/Female		Vision: R 20/	L 20/	Corrected: Yes No		
	gmata (kyphoscoliosis, hi	gh-arched palate, pectus ex	cavatum, arachnodactyly.	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL Neck	NORMAL	ABNORMAL FINDINGS		
arm span		opia, MVP, aortic insufficie				Back				
Eyes/Ears/Nose/Throat: Lymph Nodes	Pupils E	qual Hearing				Shoulder/Arm				
	tation standing, supine, +	/- Valsalva) Location of po	oint of maximal impulse (PMI)		Elbow/Forearm Wrist/Hand/Fingers				
Pulses: Simultar	neous femoral and radial p					Hip/Thigh				
Lungs: Abdomen						Knee				
Genitourinary (Males Or	nly)					Leg/Ankle Foot/Toes				
Skin.	HSV, lesi	ons suggestive of MRSA, t	inea corporis			Functional: Duck Walk				
Neurologic:										
This application to negotiable certific events, nor have I until after my scho	p participate in athle ate for merchandise ever competed und ool season has been	cipation etics is voluntary on e in any amount, nor er an assumed name completed. I under	my part and the inform any emblematic award . After I have represen stand that I am expecte	ation submit or merchand ited my school d to adhere f	UARDIAN OR ted is truthful to the best of dise worth more than twenty of in any sport, I will not co firmly to all established athl	18 YEAR (my knowledge. I h y-five dollars (\$25.0 mpete in any outsid- etic policies of my s	ave never re 0) for partic e athletic co chool distric	eceived money or cipating in athletic ontest in this sport et and the Michigan		
I hereby give my of HIPAA for the pure	consent for the above rpose of determining	e student to engage g eligibility for inter	in interscholastic athle	tics and for to	t which do not present all the disclosure to the MHSA and the possibility that serious trips.	A of information oth	erwise prot	ected by FERPA and		
I further understan Association.	d that my son or da	ughter will be expec	eted to adhere firmly to	all establish	ed athletic policies of the so	chool district and the	Michigan l	High School Athletic		
	Signature o	of STUDENT:		Western American and an arrangement			Date:			
	Signature or GUARDL	of PARENT: AN or 18 YEAR-O	LD			· · · · · · · · · · · · · · · · · · ·	_ Date: _	Links Landson and Control of the Con		
***********	***************************************	< DETACH HERI	E IF NEEDED TO AC	CCOMPAN	Y STUDENT ATHLETE	>	**********	NO. AND		
MEDICA	L TREATM	ENT CONS	ENT – To Be	Compl	eted By Paren	t or Guardi	an or 1	8-Year-Old		
Ι,			, an 18 year-old	, or the par	ent or guardian of	-		recognize		
that as a result o may be unable t	of athletic partici to contact me for	pation, medical t my consent for o	reatment on an eme emergency medical	ergency bas care. I do fircumstand	sis may be necessary, a hereby consent in advaces and to assume the e	nd further recogn ance to such emer xpenses of such o	iize that so	chool personnel		
****	SIGNATU	RE OF PARENT OF	R GUARDIAN OR 18)			ATE		



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY







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

LAST STUDENT'S NAME:				FIRST	1	41	SEX	GRADE	DATE OF BIRTH	AG	Æ
STUDENT S NAME. NUMBER AND STR	EET			***************************************	***************************************	CIT	Y		18-79-100 at 100 to		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		ART HEALTH QUESTIONS	YES	NO	kanna sa Jawa	MEDI	CAL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in			Does anyone in your family have arrhythmogenic				Do you	have any co	ncerns that you would like to		\vdash
Sports for any reason?		right ventricular cardiomyopathy, long QT syndrome? Has any family member or relative died of heart					discuss	-	┼		
Do you have any ongoing medical conditions? If so, please 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:	out or are you missing an organ? A kidney An eye Your spleen Any other organ?		
Have you ever spent the night in the hospital?	 		car accident or sudden infant death syndrome)?								
Have you ever had surgery?	 		Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?				Have you ever had an eating disorder? Do you worry about your weight?				
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS			NO	Have you ever had a head injury or concussion?				
Have you ever passed out or nearly passed out DURING or after exercise?			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 a hit or blow to the head that caused confusion, prolonged headache, 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?				Have you ever had numbness, tingling, or weakness in your arms or legs after 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 you ever been unable to move your arms or legs after being hit or falling?				
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				Are you	1	 		
your friends during exercise?	ļ		atlantoaxial instability (Down syndrome or dwarfism)?				gain or lose weight?				<u> </u>
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?				Are you on a special diet or do you avoid certain types of foods?				
Have you ever had an unexplained seizure or do you have			Do you regularly use a brace, orthotics, or other assistive				Do you wear protective eyewear, such as goggles, or a				
a history of scizure disorder? Does your heart ever race or skip beats (irregular beat)	-		device? Do any of your joints become painful, swollen, feel warm				face shield? Do you or someone in your family have sickle cell trait				
during exercise?			or look red?				or disease? Have you had any problems with your eyes or vision				<u> </u>
Has a doctor ever told you that you have high blood pressure?			Do you have any history of juvenile arthritis or connective tissue disease?				or had a				
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stress fracture?				Do you wear glasses or contact lenses?				
Has a doctor ever told you that you have Kawasaki disease? Has a doctor ever told you that you have other heart	 		Have you a bone, muscle, or joint injury bothering you?				Have you ever had herpes or MRSA skin infection? Have you had infectious mononucleosis (mono) within				╂
problems?				ATION HISTORY	YES	NO	the last	month?			
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Fl MCV4, HPV, Varicella, MMR)				Do you have any rashes, pressure sores, or other skin problems?				0
Has a doctor ever told you that you have a heart murmur?	YES	NO		AL QUESTIONS	YES	NO.	Do You	Have Any A		YES	NO
YOUR FAMILY'S HEART HEALTH QUESTIONS Does anyone in your family have a heart problem.		NO.	Have you ever become ill while exercising in the heat? Do you cough, wheeze, or have difficulty breathing				FEMALES ONLY Have you ever had a menstrual period?			YES	NO
Pacemaker, or implanted defibrillator?			during or after exercise?								<u> </u>
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			Do you have headaches or get frequent muscle cramps When exercising?				How old were you when you had your first menstrual period?				
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?				How many periods have you had in the last				
Anyone in your family had unexplained seizures?	Is there any one in your family who has asthma?			-			twelve (12) months?		 	
Anyone in your family had unexplained near drowning?	<u> </u>	L	Have you ever used an in	haler or taken asthma medicine?		L					<u> </u>
INSU	JRA	NC	E STATEME	INT AND CERT	T F	CAT	LION				
Our Son/Daughter will comply with the s	specifi	c inst	rance regulations	of the school district ar	nd the	Medi	cal His	tory que	stions are as complete a	nd corr	rect
as possible.											
Family Insurance Co:				Contract #	¥:						
Signatures of Student:			gr Dara	unt/Guardian ar 19 Van	- Old:					4	
Signatures of Student.		 .	& raie	and Guardian of 16 16a	i Oiu.					- 7	
< E	FTΔC	н не	RE IE NEEDED TO	Ο ΔΟΟΟΜΡΑΝΎ STUI	DENT	ΔΤΗ	I FTF	>			
W.											
EMERGENCY INFOR	MAT		V – To Be Co	ompleted by Pa	arer	ıt o	r Gu	ardia	n or 18 Year Ol	d	
Student's Name:									Grade	:	
IN EMERGENCY 1)		Phone #			Cell #:						
CONTACT or 2) Phone #:			Phone #:	Coll #:							
Family Doctor:									2:		
Allergies:											
Drug Reactions:								·····			
Current Medications:											