

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

mickeys high school ability association

• 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

PLEA	SEPR	INT										
Last STUDENT'S COMPLETE		First	Middle									
LEGAL NAME:												
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City	State									
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:												
PHYSICAL EXAMINAT	ion e	: MEDICAL CL	EARANGE	,								
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		Vision: R 20/	L 20/	Corrected: Yes No							
MEDICAL Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly,	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL Neck	NORMAL	ABNORMAL FINDINGS							
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Back									
Syes/Ears/Nose/Throat: Pupils Equal Hearing			Shoulder/Arm Elbow/Forearm									
_ymph Nodes leart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Wrist/Hand/Fingers									
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh									
.ungs: Abdomen			Knee Leg/Ankle									
Genitourinary (Males Only)			Foot/Toes									
kin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk									
Neurologie:			gamzasan zipen njezernijano vinen okonik									
I certify that I have examined the above student and recommend him BASEBALL - BASKETBALL - BOWLING - COMPETITIV ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL A CURRENT-YEAR PHYSICAL IS ONE GIVEN OF SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER:	'E CHEER - - SWIMMIN	CROSS COUNTRY - FOOTE	BALL - GOLF - GY ELD - VOLLEYBAI 'HE PREVIOU	MNASTICS LL - WREST	FLING OOL YEAR CIRCLE ONE							
STUDENT PARTICIPATION 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 antil 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 digh School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.												
Signature of STUDENT:	-		Date:	Date:								
PARENT OR GUARDIAN OR 18 -YEAR-OLD CONSENT												
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 IIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic ctivities. He/She has my permission to accompany the team as a member on its out-of-town trips.												
further understand that my son or daughter will be expected to adhere firmly to association.	all establishe	ed athletic policies of the se	hool district and the	Michigan I	High School Athletic							
Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD			Date		_ \							
< DETACH HERE IF NEEDED TO AC	COMPANY	STUDENT ATHLETE:	>									
MEDICAL TREATMENT CONSENT – To Be	Compl	eted By Parent	or Guardi	an or i	8-Year-Old							
,, an 18 year-old,	or the par	ent or guardian of			recognize							
hat as a result of athletic participation, medical treatment on an emer	_		nd further recogn	ize that so								
nay be unable to contact me for my consent for emergency medical cospital care, as may be deemed necessary under the then-existing ci	care. I do	hereby consent in adva	nce to such emer	gency car	-							

DATE

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD



MICHICAIT FIOT SCHOOL APPLED IC ASSOCIATION, 1100.

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.



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A CORNENT-TEAR FITTS)ICA:		Olar Ginfia Ol	FIRST		MI T	SEX	GRADE	DATE OF BIRTH	AC	GE -
STUDENT'S NAME:				11107		CI					ZIP
NUMBER AND STE STUDENT'S ADDRESS:	REET					CI	11				
			WORK PHONE	NAME OF MOTHER OR GU	OF MOTHER OR GUARDIAN WORK PHONE						
FAMILY DOCTOR	OFFICE PHONE	STUDENT'S HOME PHONE							_		
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Our Son/Daughter will comply with the sp	necific	insura	ance regulations of the	e school district and the h	/ledica	l Hist	ory que	stions are a	is complete and correct as	possible	e.
Family Insurance Co:						Contr	act#:				
Signatures of Student:				arent/Guardian or 18 Yea	r Old:					(
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEA	ART HEALTH QUESTIONS	YES	NO			AL QUESTIONS	YES	N
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?				Do you have any concerns that you would like to discuss with a doctor?				
Do you have any ongoing medical conditions? If so, please		1	Has any family member or relative died of heart						ut or are you missing an organ?		
Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained						A kidney An eye Your spleen Any other organ?		
Infections Other:		<u> </u>	ear accident or sudden infant death syndrome) ?			ļ	i		eating disorder?	┼──	+-
Have you ever spent the night in the hospital? Have you ever had surgery?	 		Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?				Do you worry about your weight?				二
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	4	DINT QUESTIONS	YES	/NO	Have y	ou ever had a	head injury or concussion? hit or blow to the head that caused		+
Have you ever passed out or nearly passed out DURING or after exercise?				ry to a bone, muscle, ligament to miss a practice or a game?			confus	ion, prolanged	headache, or memory problems?		L
Have you ever had discomfort, pain, tightness or pressure			Have you ever had any bro	oken or fractured bones or					umbness, tingling, or weakness in tr being hit or falling?		
in your chest during exercise? Do you get lightheaded or feel more short of breath than		ļ	dislocated joints?	ry that required x-rays, MRI,		-			mable to move your arms or legs		 -
expected during exercise?			CT scan, injections, therap	py, a brace or east or crutches?			after be	ing hit or falli	ng?		igspace
Do you get more tired or short of breath more quickly than				hat you have neck instability or				u trying to ar l Tose weight?	as anyone recommended that you		
your friends during exercise? Has a doctor ever ordered a test for your heart?	 	 	Have you ever had an x-ra	own syndrome or dwarfism)? sy for neck instability or			Are yo	on a special	liet or do you avoid certain		\top
For example: ECG/EKG, echocardiogram			atlantoaxial instability (Do	own syndrome or dwarfism)?			types o	f foods?	ve eyewear, such as goggles, or a	-	┼
Have you ever had an unexplained seizure or do you have a history of seizure disorder?	İ		Do you regularly use a brace, orthotics, or other assistive device?				face sh		ve eyewear, such as goggies, or a		L
Does your heart ever race or skip beats (irregular beat)			Do any of your joints become painful, swollen, feel warm						ı your family have sickle cell trait		Γ
during exercise?			or look red?				or dise:		blems with your eyes or vision	-	┼
Has a doctor ever told you that you have high blood pressure?			De you have any history of juvenile arthritis or connective tissue disease?				or had	any eye injurie	s?		
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stress fracture?						or contact lenses?	ļ <u>.</u>	\vdash
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle,	or joint injury bothering you?	175,747, 35	Van Date	7 .		rpes or MRSA skin infection? ous mononucleosis (mono) within		┼
Has a doctor ever told you that you have other heart problems?			IMMUNIZ/	ATION HISTORY	YES	NO	the last	month?			丄
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)				Do you probler		es, pressure sores, or other skin		
Has a doctor ever told you that you have a heart murmur?		 	MEDICA	L QUESTIONS	YES	NO	•	Have Any Al			L
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill	while exercising in the heat?			150000	Te Property of the Property of	MALES ONLY	YES	N
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, or have difficulty breathing during or after exercise?				Have y	ou ever had a i	nenstrual period?		L
Does anyone in your family have hypertrophic			Do you have headaches or get frequent muscle cramps				How old were you when you had your first menstrual period?				
cardiomyopathy, Marfan syndrome, Brugada syndrome?			When exercising? Do you have pain, a painful bulge or hernia in the groin?						ve you had in the last	 	一
Anyone in your family had unexplained fainting? Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma?					(12) months?			上
Anyone in your family had unexplained near drowning?				aler or taken asthma medicine?							<u> </u>
I hereby state that, to the b	act (nf ma	v knowledge m	w answers to the	abov	e at	estio	ns are o	omplete and corre	ct.	
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Signature:			Si	gnature of:					vate:		4
Of Student			P	arent/Guardian							
					> P" K 1"F"	A 773 1	FTE				
< D											Merker 14
EMERGENCY INFOR	VA/A\i	d for	V — To Be Co	madeted by Pa	1727	ii (o	7 (ET)	are a	n or 18 Year Ol	ol -	
Student's Name:									Grade:		_
N EMERGENCY 1)	_	Phone #:			Cell #:						
CONTACT or 2)		Phone #:			Cell #:						
amily Doctor:					Phone:						
Allergies:											
-											_
Drug Reactions:											
Current Medications:											