MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old Student Name: Date of Birth: Doctor's Phone: ___ Doctor: Date of Exam: - GENERAL QUESTIONS - MEDICAL QUESTIONS Do you cough, wheeze or have difficulty breathing during or after exercise? 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 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 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 had infectious mononucleosis (mono) within the last month? Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Do you have any rashes, pressure sores or other skin problems? Have you had a herpes or MRSA skin infection? Does your heart ever race or skip beats (irregular beats) during exercise? 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 wear protective eyewear such as goggles or a face shield? Do you have a history of seizure disorder or had an unexplained seizure? 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 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 sudden Have you ever received a blow to the head that caused confusion, prolonged headache or death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic Have you ever had numbness, tingling, weakness or inability to move your arms or legs right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia? after being hit or falling? BONE AND JOINT QUESTIONS 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 game? 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 crutches? 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) Do you have a bone, muscle or joint injury that bothers you? Have you ever had a menstrual period? Do any of your joints become painful, swollen, feel warm or look red? How old were you when you had your first menstrual period? 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: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT **EXAMINATION**: Height: Weight: ☐ Male ☐ Female Pulse: Vision: R 20/ Corrected: Y MEDICAL NORMAL **ABNORMAL** MUSCUL OSKELETAL NORMAL **ABNORMAL** Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, Neck arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/Ears/Nose/Throat: Pupils Equal Hearing Back Lymph nodes Shoulder/Arm Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Flhow/Forearm Pulses: Simultaneous femoral and radial pulses Wrist/Hand/Fingers Lungs Hip/Thigh Knee Abdomen Genitourinary (males only) Leg/Ankle Lesions suggestive of MRSA, tinea corporis Skin: Foot/Toes Neurologic Functional Duck Walk 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/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING Name of Examiner (print/type): ___ Date: **EXAMINER** (Check One): ☐ MD ☐ DO Signature of Examiner: - - - - (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) - - - - -EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD Grade: Doctor: Student:

IN EMERGENCY (1): Home #: (Cell #: (_____ Cell #: (IN EMERGENCY (2): _____ Home #: (_____ Drug Reactions: Current Medications: Allergies:

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:		FIRST	MIDDLE INITIAL
Student Address:			
STREET		CITY	ZIP
Gender: M G 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 PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT			
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 M	•	, ,	S .
that participation in such athletics is purely voluntary; personal injury associated with participation in such a			
actions, or causes of action against the MHSAA, its member			
affiliates based on any injury to me, my child, or any persor child's participation in an MHSAA-sponsored sport.	the state of the s		
	. 4	, ask as I district and the MIICAA I (v.s. h	
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:			Date:
Signature of PARENT or GUARDIAN or 18-	YEAR-OLD:		Date:
	INSURANCE STATEME		
Our son/daughter will comply with the specific insi			
The student-athlete has health insurance: Y			
If YES, Family Insurance Co:		nce ID #:	
Additionally, I hereby state that, to the best of my k			
Signature of PARENT or GUARDIAN or 18-	YEAR-OLD:		Date:
(DET			
MEDICAL TREATMENT C	ONSENT: COMPLETED BY PAR	RENT or GUARDIAN or 18-YEA	R-01 D
MEDIOAE INEAIMENT O			
I,, an 18	-year-old, or the parent or guardian of		, recognize that as a result o
athletic participation, medical treatment on an emergency basis may care. I do hereby consent in advance to such emergency care, includ	be necessary, and further recognize that scho	ol personnel may be unable to contact me for	my consent for emergency medical
Signature of PARENT or GUARDIAN or 18-	YEAR-OLD:		Date: