

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

• 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

LAST				FIRST	MI	S	EX GRADE	DATE OF BIRTH	AGE	
STUDENT'S NAME: NUMBER AND STREE	ST .					CITY			Z	ΙP
TUDENT'S ADDRESS: NAME OF FATHER OR GUARDIAN			WORK PHONE	NAME OF MOTHER OR GUAL	RDIAN			WORK P	HONE.	
NAME OF FATHER OR GUARDIAN			WOLLTHONE	TANE OF MOTTER OR GOAL	WHIT!					
FAMILY DOCTOR			OFFICE PHONE	STUDENT'S HOME PHONE						
IN ST			CTATEN	ENT AND MEDI			STARV			1
INSU	RAI			ENT AND MEDI	<i>7</i> :\-		SIUM			
Our Son/Daughter will comply with the spe			•						ossible.	•
Family Insurance Co:					с	ontrac	ot#:		·	_
Signatures of Student:			&I	Parent/Guardian or 18 Year	Old: _			·	_ 4	
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HI	EART HEALTH QUESTIONS	YES	NO	MEI	ICAL QUESTIONS	YES	ŅC
Has a Doctor ever denied or restricted your participation in Sports for any reason?				mily have arrhythmogenic nyopathy, long QT syndrome?			Do you have any o discuss with a doc	concerns that you would like to tor?		
Do you have any ongoing medical conditions? If so, please				r or relative died of heart xpected or unexplained sudden				thout or are you missing an organ?		
dentify by Circling: Asthma Anemia Diabetes Infections Other:			death before age 50 (inc	cluding drowning, unexplained infant death syndrome) ?				g: A kidney An eye Your spleen Any other organ?	ļ	
Tave you ever spent the night in the hospital?				mily have catecholaminergic				d an eating disorder?		
Have you ever had surgery?			* *	r tachycardia, short QT syndrome?	TIME.	NG	Do you worry abo			L
HEART HEALTH QUESTIONS ABOUT YOU Have you ever passed out or nearly passed out DURING	, YES	NO		JOINT QUESTIONS njury to a bone, muscle, ligament	YES	NO		d a head injury or concussion? d a hit or blow to the head that caused		
or after exercise?			•	ou to miss a practice or a game?			confusion, prolon	ged headache, or memory problems?		L
Have you ever had discomfort, pain, tightness or pressure				broken or fractured bones or			-	d numbness, tingling, or weakness in		
in your chest during exercise? Do you get lightheaded or feel more short of breath than			dislocated joints? Have you ever had an i	njury that required x-rays, MRI,		\dashv		after being hit or falling? en unable to move your arms or legs		-
expected during exercise?			CT scan, injections, the	erapy, a brace or cast or crutches?			after being hit or	falling?		<u>_</u>
Do you get more tired or short of breath more quickly than				d that you have neck instability or (Down syndrome or dwarfism)?			Are you trying to gain or lose weig	or has anyone recommended that you		
your friends during exercise? Has a doctor ever ordered a test for your heart?				x-ray for neck instability or				cial diet or do you avoid certain	 -	
For example: ECG/EKG, echocardiogram			atlantoaxial instability	(Down syndrome or dwarfism)?			types of foods?			1_
Have you ever had an unexplained seizure or do you have a history of seizure disorder?			device?	brace, orthotics, or other assistive			face shield?	tective eyewear, such as goggles, or a		
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints b or look red?	become painful, swollen, feel warm	Ì		Do you or somed or disease?	ne in your family have sickle cell trait		
Has a doctor ever told you that you have high blood		<u> </u>		ry of juvenile arthritis or			-	y problems with your eyes or vision	!	
pressure? Has a doctor ever told you that you have high cholesterol?		-	connective tissue disea Have you ever had a st				or had any eye ir Do you wear ela	sses or contact lenses?	 	+-
Has a doctor ever told you that you have Kawasaki disease?		 	Have you a bone, mus	cle, or joint injury bothering you?			Have you ever h	ad herpes or MRSA skin infection?		
Has a doctor ever told you that you have other heart problems?			IMMUN	IZATION HISTORY	YES	NO	the last month?	fectious mononucleosis (mono) within		
Has a doctor ever told you that you have a heart infection?			Are you missing any r MCV4, HPV, Varicell	ecommended vaccines (Tdap, Flu,			Do you have any problems?	rashes, pressure sores, or other skin	1	
Has a doctor ever told you that you have a heart murmur?				ICAL QUESTIONS	YES	.NO	Do You Have A	ny Allergies?	<u> </u>	
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES.	, NO	Have you ever become	e ill while exercising in the heat?			17 J. J. J. 1947	FEMALES ONLY	YES	1:
Does anyone in your family have a heart problem, Pacemaker, or implanted delibrillator?		-	Do you cough, wheeze during or after exercis	e, or have difficulty breathing	1		Have you ever h	ad a menstrual period?	ļ	
Does anyone in your family have hypertrophic		1		es or get frequent muscle cramps				ou when you had your first	1	\top
cardiomyopathy, Marfan syndrome, Brugada syndrome?		<u> </u>	When exercising?		<u> </u>	1	menstrual perior		1	+
Anyone in your family had unexplained fainting? Anyone in your family had unexplained seizures?	1	1	1	painful bulge or hernia in the groin? ur family who has asthma?	+	1	twelve (12) mor	ods have you had in the last oths?		
Anyone in your family had unexplained near drowning?				n inhaler or taken asthma medicine?					1	工
I hereby state that, to the	best	of m	y knowledge	, my answers to the	abo	ve qu	uestions a	re complete and corr	ect.	
Signature:										4
Of Student				Parent/Guardian						1
or stauent				raiony cautain				•		
· < I	DETA	сн н	ERE IF NEEDED	TO ACCOMPANY STU	JDEN.	T ATI	HLETE >			
EMERGENCY INFOR	MÁ	ΠO	N – To Be	Completed by F	are	nt c	or Guard	lian or 18 Year O	d	Ť
Student's Name:			V -					Grade		
N EMERGENCY 1)										
CONTACT 21		-		Dhono #:			· 	Call #:		
CONTACT or 2)				PHONE #.			<u></u>	CCII II.		
Family Doctor:							PII	one		
Allergies: 👱				· 						
Drug Reactions:										
Current Medications	-					-				



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 *three* places on this page by parent or guardian or 18-year-old.



, <u> </u>	SE PRINT		
Last	First		Middle
DENT'S COMPLETE LEGAL NAME:	•		<u></u>
DENT'S Month Day Year E OF BIRTH:	PLACE City OF BIRTH:		State
LE GRADE: 7 8 9 10 11 12 SCHOOL:	<u> </u>	:	
PHYSICAL EXAMINA	TION & MEDIC	AL CLEARANCE	
o be completed by the examining MD, DO, PA or NP & Returned Di	ENAME OF THE PERSON OF CONTROL	ies may be added or deleted. C	heck Appropriate Column
		Pulse: Vision: R 20/	L 20/ Corrected: Yes No
MINATION: (Circle Correct Response As Necessary) Height Weight	Male/Female BP: /		NORMAL ABNORMAL FINDINGS
CAL Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly,	is / Hording (1) in the resistance		
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		Back Shoulder/Arm	
Ears/Nose/Throat Pupils Equal Hearing		Elbow/Forearm	
sh Nodes : Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (Ph	MI)	Wrist/Hand/Fingers	
s: Simultaneous femoral and radial pulses		Hip/Thigh	
25		Knee Leg/Ankle	
men		Foot/Toes	
tourinary (Males Only) HSV, lesions suggestive of MRSA, tinea corporis		Functional: Duck Walk	
plogic:			
OF EXAMINER:			ATE:
is application to participate in athletics is voluntary on my part and the inf gotiable certificate for merchandise in any amount, nor any emblematic awards, nor have I ever competed under an assumed name. After I have repre-	vard or merchandise worth mo esented my school in any spor ected to adhere firmly to all es	to the best of my knowledge. I h re than twenty-five dollars (\$25.0 t, I will not compete in any outsid tablished athletic policies of my s	e athletic contest in this sport school district and the Michigan
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