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.

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

PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME: Last _____ First _____ Middle _____

STUDENT'S DATE OF BIRTH: Month _____ Day _____ Year _____ PLACE OF BIRTH: City _____ State _____

CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL: _____

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

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: for Assessment) Height: _____ Weight: _____ Male/Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Yes No

MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Assessment: Marfan signs (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
			Back		
Eyes/Ears/Nose/Throat			Shoulder/Arm		
Right Upper	Hearing		Elbow/Forearm		
Lymph Nodes			Wrist/Hand/Fingers		
Heart - Murmurs (auscultation, standing, supine, +/- Valsalva maneuver of grade II murmur) (PMI)			Hip/Thigh		
Pulses - Simultaneous femoral and radial pulses			Knee		
Lungs			Shin/Calf		
Abdomen			Ankle/Foot		
Genitourinary (Males Only)			Functional Hand Work		
Skin - HSV, lesions suggestive of MRSA, tinea corporis			Functional Foot Work		
Neurological					

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in sports (and athletic activities **NOT** crossed out below

BASEBALL · BASKETBALL · BOWLING · COMPETITIVE CHEER · CROSS COUNTRY · FOOTBALL · GOLF · GYMNASTICS
ICE HOCKEY · LACROSSE · SKIING · SOCCER · SOFTBALL · SWIMMING · TENNIS · TRACK & FIELD · VOLLEYBALL · WRESTLING

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

SIGNATURE OF EXAMINER: _____ CIRCLE ONE: MD DO PA NP

PRINTED NAME OF EXAMINER: _____ DATE: _____

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 until 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 High 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:** _____

PARENT OR GUARDIAN OR 18 -YEAR-OLD CONSENT

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. She/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

_____

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD **Date** _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT – To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, as 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

_____ _____

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD DATE

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
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.

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

STUDENT'S NAME: LAST _____ FIRST _____ MI _____ SEX _____ GRADE _____ DATE OF BIRTH _____ AGE _____

STUDENT'S ADDRESS: NUMBER AND STREET _____ CITY _____ ZIP _____

NAME OF FATHER OR GUARDIAN _____ WORK PHONE _____ NAME OF MOTHER OR GUARDIAN _____ WORK PHONE _____

FAMILY DOCTOR _____ OFFICE PHONE _____ STUDENT'S CELL PHONE _____

INSURANCE STATEMENT AND MEDICAL HISTORY

Our Son/Daughter will comply with the specific insurance requirements of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co _____ Contract #: _____

Signature of Student: _____ & Parent/Guardian or 18 Year Old: _____

GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MUSCULOSKELETAL QUESTIONS	YES	NO
Has a doctor ever denied or restricted your participation in sports for any reason?			Have 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 identify by Circling: asthma diabetes Diabetes Infections Other _____			Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			Have you been refused or are you missing an organ? Identify by circling: Kidney Ocular Testicular Genital or testicle retained Any other organ? _____		
Have you ever spent the night in the hospital?			Have anyone in your family have cardiomyopathy?			Have you ever had an eating disorder?		
Have you ever had surgery?			Cardiomyopathy, ventricular tachycardia, short QT syndrome?			Do you worry about your weight?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	**BONE AND JOINT QUESTIONS**	YES	NO	Have you ever had a heart 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 bit 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 a bone, joint, ligament, or muscle injury that required crutches, MRI, CT scan, injections, therapy, a brace or cast or splints?			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 your friends during exercise?			Have you ever been told that you have mild instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you trying to or has anyone recommended that you gain or lose weight?		
Have doctors ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an eye for mild 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 a history of seizure disorder?			Do you regularly use a brace, orthotics, or other assistive device?			Do you wear protective eyewear, such as goggles, or a face shield?		
Have your heart ever race or skip beats (irregular beats) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?			Do you or someone in your family have sickle cell trait or disease?		
Has a doctor ever told you that you have high blood pressure?			Do you have any history of juvenile arthritis or connective tissue disease?			Have you had any problems with your eyes or vision or had any eye injuries?		
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?			Have you ever been, nearly, or your knee bothering you?			Have you ever had herpes or MRSA skin infections?		
Has a doctor ever told you that you have other heart problems?			**IMMUNIZATION HISTORY**	YES	NO	Have you had infectious mononucleosis (mono) within the last month?		
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap (Td, tetTox), DPT, Varicella, MMR)			Do you have any rashes, pressure sores, or other skin problems?		
Has a doctor ever told you that you have a heart murmur?			**MEDICAL QUESTIONS**	YES	NO	Do You Have Any Allergies?		
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill while exercising in the heat?			**DEBRIEFING**	YES	NO
Have 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 you ever had a concussion/concussion?		
Have 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 concussion/concussion?		
Anyone in your family had unexplained fainting?			Do you have pain, a painful lump, or bump in the groin?			How many concussions have you had in the last month (12 months)?		
Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma?					
Anyone in your family had unexplained near drowning?			Have you ever used an inhaler or other asthma medicine?					

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature: Of Student _____ **Signature of: Parent/Guardian** _____ **Date:** _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY CONTACT 1) _____ Phone #: _____ Cell #: _____

or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____