



**MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old**

Student Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

GENERAL QUESTIONS		Y	N	- MEDICAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?				Do you cough, wheeze or have difficulty breathing during or after exercise?			
Do you have any ongoing medical conditions? If so, please identify below:				Have you ever used an inhaler or taken asthma medicine?			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> 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		Y	N	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?			
Does your heart ever race or skip beats (irregular beats) during exercise?				Have you had a herpes or MRSA skin infection?			
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?			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol				Have you ever become ill while exercising in the heat?			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> 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 have a history of seizure disorder or had an unexplained seizure?				Do you wear protective eyewear such as goggles or a face shield?			
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		Y	N	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 death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?				Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
BONE AND JOINT QUESTIONS		Y	N	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)		Y	N
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)?				<b>CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR</b>			

**PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT**

EXAMINATION: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected:  Y  N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
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)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin:   HSV:   Lesions suggestive of MRSA, linea corporis			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

**EXAMINER** → Name of Examiner (print/type): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Examiner: \_\_\_\_\_ (Check One):  MD    DO    PA    NP  
 ----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

**EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
 IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
 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: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M 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): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
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 MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

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.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 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.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date: