MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old Student Name: Date of Birth: Doctor: Doctor's Phone: Date of Exam: - GENERAL QUESTIONS - MEDICAL QUESTIONS 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 asIhma 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? 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? ☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol Have you ever become ill white 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 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 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 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 lachycardia? 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? How many periods have you had in the last 12 months? Do you have any history of juvenile arthritis or connective tissue disease? 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 1 Pulse: Vision: R 20/ Corrected: Y MEDICAL NORMAL ABNORMAL MUSCULOSKELETAL 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) 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, tinea 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 Name of Examiner (print/type): _____ EXAMINER (Check One): MD Signature of Examiner: ___

 Student:
 Grade:
 Doctor:
 Phone:
)

 IN EMERGENCY (1):
 Home #: (____)
 Cell #: (____)

 IN EMERGENCY (2):
 Home #: (____)
 Cell #: (____)

 Drug Reactions:
 Current Medications:

Allergies:

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

FORM A: AUG-03-17



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		СІТҮ	ZIP	7
Gender: M G F Age: Date of Birth	I.	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:				
Syfligiethy sasanio	PATION & PARENT or C	SUARDIAN or 18-YEAR-OLD C	ONSENT	
The information submitted herein is truthful to the best of r	ny knowledge. By my/my child	l's signature below, I/we acknowledge	e that I/we have received	
concussion educational information that meets Michig	jan Department of Health an	d Human Services and MHSAA requ	Jirements.	
Further, in consideration of my/my child's participation in Nathat participation in such athletics is purely voluntary;	HSAA-sponsored athletics, I/	we do hereby agree, understand, appr	eciate, and acknowledge:	
personal injury associated with participation in such a	ictivities, which risk I/we ass	sume; and that I/we agree to, and here	eby waive any and all claims, suits, losse	es,
actions, or causes of action against the MHSAA, its memb affiliates based on any injury to me, my child, or any perso				ulmu
child's participation in an MHSAA-sponsored sport.	,	in the desired in the second s	iso, caming a anomy many may norm my	,,
I/we understand that I am/we are expected to adhere firml above student to engage in interscholastic athletics and fo determining eligibility for interscholastic athletics. My child	r the disclosure to the MHSAA	A of information otherwise protected by	FERPA and HIPAA for the purpose of	e
- N		•	·	
Signature of STUDENT:				7
Signature of PARENT or GUARDIAN or 18	-YEAR-OLD:		Date;	-
	INSURANCES	TATEMENT		TI.
Our son/daughter will comply with the specific ins	-	school district.		
The student-athlete has health insurance: \[\subseteq \cdot \]				
If YES, Family Insurance Co:				
Additionally, I hereby state that, to the best of my	- ·	• • • • • • • • • • • • • • • • • • • •	,	
Signature of PARENT or GUARDIAN or 18				
(DE	FACH HERE IF NEEDED TO AC	COMPANY STUDENT-ATHLETE)		
MEDICAL TREATMENT O	ONSENT: COMPLETED	BY PARENT or GUARDIAN or	18-YEAR-OLD	1
I,, an 18 athletic participation, medical treatment on an emergency basis may	be necessary, and further recogniz	ze that school personnel may be unable to co		al
care. I do hereby consent in advance to such emergency care, inclu			nstances and to assume the expenses of such	care.
Signature of PARENT or GUARDIAN or 18	-YEAR-OLD:		Date:	