



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

Form with fields for 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), and Student's Home Phone.

MEDICAL HISTORY

Table with columns for General Questions, Your Family's Heart Health Questions, Medical Questions, Bone and Joint Questions, and Immunization History. Includes sub-sections for Females Only and Medical Questions.

INSURANCE STATEMENT AND CERTIFICATION

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

Family Insurance Co: _____ Insurance ID #: _____

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

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

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

Emergency information form with fields for Student's Name, Grade, IN EMERGENCY CONTACT (1) or (2), Phone #, Cell #, Family Doctor, Phone, Allergies, Drug Reactions, and 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 **two** 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:		6	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 As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected: Yes	No
MEDICAL			NORMAL	ABNORMAL FINDINGS		MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnoidactyly, 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, 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 - 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 & 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.

Signature of STUDENT: _____ **Date:** _____

Signature of PARENT: _____ **Date:** _____

 or **GUARDIAN or 18 YEAR-OLD**

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

MEDICAL TREATMENT CONSENT – To Be 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.

 DATE

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD