MUSA	Student Name:	EDICAL	. HISTOR	Y:	ট	mplek	ed by Pare	nt or Guardian o				
michigan high school athletic associati	on Family Doctor:							Phone:				
GENERAL QUESTION				γ	N		MEDICAL QUI				Υ	N
Has a doctor ever denied or	restricted your participation in sports	for any reas	on?			Do you	cough, wheeze or h	nave difficulty breathing during	or after exercis	e?		
Do you have any ongoing me	edical conditions? If so, please ident	ify below:		1		Have yo	u ever used an inh	aler or taken asthma medicine	97			
🗆 Asthma 🕒 Anemia 🗅	Diabetes 🖾 Infections 🖾 Otl	her:				Is there	anyone in your fam	nily who has asthma?				
Have you ever spent the night in the h	ospital or have you ever had surger	y?				Were yo	u born without, or r	missing a kidney, eye, testicle	(males), spleen	or any other organ?		
- HEART HEALTH QUES	TIONS ABOUT YOU			Υ	N	Do you	have groin pain or a	a painful bulge or hemia in the	e groin area?			
Have you ever passed out or nearly pa	assed out DURING or AFTER exerc	ise?				Have yo	u had infectious m	onanucleasis (mono) within th	ne last month?			
Have you ever had discomfort, pain, ti	ghtness, or pressure in your chest d	kuring exercise	e?			Do you	have any rashes, p	ressure sores or other skin pr	oblems?			
Does your heart ever race or skip beat	ts (Irregular beats) during exercise?					Have yo	u had a herpes or l	MRSA skin infection?				
Has a doctor ever told you that you ha	ve any heart problems? Check all the	nat apply:		T		Do you	have headaches or	get frequent muscle cramps	when exercising)?		
☐ High blood pressure ☐ Hea	rt murmur 🚨 Heart infection 🗀 H	ligh cholester	ol	T		Have yo	u ever become ill v	while exercising in the heat?				
☐ Kawasaki disease ☐ Other:						Do you	or someone in your	r family have sickle cell trait o	r disease?			
Has a doctor ordered a test for your he	eart? (example, ECG/EKG, echocar	diogram)				Have yo	u had any problem	is with your eyes or vision or a	any eye injuries'	?		
Do you get lightheaded or feel more st						Do you	wear glasses or co	ntact lenses?				
Do you have a history of seizure dison	der or had an unexplained seizure?					Do you	wear protective eye	ewear such as goggles or a fa	sce shield?			
Do you get more tired or short of breat	th more quickly than your friends du	ring exercise	7			Immuni	zation History: Are	you missing any recommende	d vaccines?			
	TIONS ABOUT YOUR FAMI			Y	N	Do you	have any allergies?	7				
Has anyone in your family had unexpla	ained fainting, unexplained seizures	or near drow	ning?			Have yo	u ever had a head	injury or concussion?				
Does anyone in your family have a her	art problem, pacemaker or implante	d defibrillator	?			Do you	have any concerns	that you would like to discus-	s with a doctor?			
Has any family member or relative die death before age 50 (including drownle	d of heart problems or had an unexp ng, unexplained car accident or sudo	ected or une: den infant dea	xplained sudden ath syndrome)?				ou ever received a ! y problems?	blow to the head that caused	confusion, proto	inged headache or		
Does anyone in your family have hyper right ventricular cardiomyopathy, long catecholaminergic polymorphic ventric	ertrophic cardiomyopathy, Marfan sy QT syndrome, short QT syndrome, cular tachycardia?	ndrome, arrh Brugada syni	ythmogenic drome or				ou ever had numbn ing hit or falling?	ness, tingling, weakness or lna	ability to move y	our arms or legs		
- BONE AND JOINT QUI	ESTIONS			Υ	N	Have yo	u ever had an eath	ng disorder?				
Have you ever had an injury to a bone, my	uscle, ligament or tendon that caused y	ou to miss a pr	actice or a game?			Do you	worry about your w	reight?				
Have you ever had any broken or frac			······································	+				yone recommended that you	gain or lose wei	ght?		
Have you ever had an injury that required	······································	·	cast or crutches?		†		<u> </u>	or do you avoid certain types o				11
	orthotics or other assistive device?			-			FEMALES ON				Y	N
	or joint injury that bothers you?			 	-		ou ever had a mens					Т
	painful, swollen, feel warm or look	red?			 			ou had your first menstrual pe	rlod?			-1
	venile arthritis or connective tissue				 -	d		ou had in the last 12 months?				
Have you ever had an x-ray for neck ins			er dwarfism\?		···-			ICAL = GIVEN ON OR AFTER		HE PREVIOUS SCH	OOL YE	EAR
7270 700 0707 1120 111 11 11 11 11 11 11 11 11 11 11 11 1	(200				<u></u>							
PHYSICAL EXAM	INATION & MEDICAL	CLEAR	ANCE: Co	mpl	etec	by Mi	D, DO, PA o	r NP - RETURI	N DIRECT	LY TO PATIE	TI	
EXAMINATION: Height:	Wełght:		☐ Female	ВР		1	Pulse:	Vision: R 20/	L 20/	Corrected:		ΠN
MEDICAL		4.5			٨	ORMAL	ABNORMAL	MUSCULOSKELETAL		NORMAL AB	NORM	AL
Appearance: Marfan stigmata (kyphos	, , ,	excavatum,	arachnodactyly,					Neck				
arm span > height, hyperlaxity, myopi								Back				
Eyes/Ears/Nose/Throat: Pup Lymph nodes	ils Equal Hearing				+			Shoulder/Arm				
Heart: Murmurs (auscultation standing	a. supine. +/- Valsalva) Location of p	oint of maxin	nal impulse (PMI)					Elbow/Forearm				
Pulses: Simultaneous femoral and rad								Wrist/Hand/Fingers				
Lungs								Hip/Thigh				
Abdomen					_			Knee				
Genitourinary (males only)								Leg/Ankte Foot/Toes				
Skin: HSV: Leskor Neurologic	ns suggestive of MRSA, tinea corpo	115			+-			Functional Duck Walk				
RECOMMENDATIONS:	xamined the above student - BASKETBALL - BOWLING ROSSE - SKIING - SOCCER	- COMPE - SOFTBA	ETITIVE CHEE ALL – SWIMM	ER – (ING/I	CRO DIVIN	SS COU 1G - TEN	NTRY - FOOTE INIS - TRACK	BALL – GOLF – GYMNA & FIELD – VOLLEYBAL	STICS - ICE L - WRESTL	HOCKEY	w .	
EXAMINER Signatu	of Examiner (print/type):	<u></u> -					(Ch	neck One): 🚨 MD	a po) 🗀 PA		NP
				****	CHARLES TO SERVICE TO						•	
	EMERGENCY INFOR	MATION) COMPLE	扣目	D) E)	Y PAR	ENT of GUA	ARDIAN of 18-YEA	(R-OLD			
Student:												
		_Grade: _	Doo	ctor:				Pho	one: ()		
IN EMERGENCY (1):		<u></u>	Hor	ne#	: (_)_		Cel	l #: ()		
			Hor	ne# ne#	: ()		Cel	l #: (l #: ()		

FORM A: FEB-20-17

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 IN	IITIAL
Student Address:					
STREET	CITY			ZIP	
Gender: 🔲 M 🔲 F Age: Date of Birth:	Place of Birth (C	city/State):	·		
School:		Circle Grade: 6 7 8	3 9 10	11	12
Father/Guardian Name:					······································
Phone (home):					
Mother/Guardian Name:					
Phone (home):					
Email Address: Parent/Guardian/18-Year-Old:					
Further, in consideration of my/my child's participation in MHS, hat participation in such athletics is purely voluntary; that personal injury associated with participation in such activations, or causes of action against the MHSAA, its members, offiliates based on any injury to me, my child, or any person, withild's participation in an MHSAA-sponsored sport. Twe understand that I am/we are expected to adhere firmly to above student to engage in interscholastic athletics and for the letermining eligibility for interscholastic athletics. My child has	at such activities involve physical exertion vities, which risk i/we assume; and that i/w, officers, representatives, committee member whether because of inherent risk, accident, not all established athletic policies of my school and disclosure to the MHSAA of information other my permission to accompany the team as a	n and contact and that there is the agree to, and hereby waive any ers, employees, agents, attorneys egligence, or otherwise, during or district and the MHSAA. I/we here herwise protected by FERPA and a member on its out-of-town trips.	Inherent rising and all claim insurers, volarising in an are should be shoul	c of ns, suits, I dunteers, a y way fron	and n my/my
Signature of STUDENT:			_ Date:		
Signature of PARENT or GUARDIAN or 18-YE	AR-OLD:		Date:		
	INSURANCE STATEMENT				
Our son/daughter will comply with the specific insura	nce regulations of the school district.				
he student-athlete has health insurance: 🚨 YES	□ NO				
additionally, I hereby state that, to the best of my know	wledge, my answers to the medical hi	story questions (see reverse) are comp	lete and	correct.
additionally, I hereby state that, to the best of my know	wledge, my answers to the medical hi	story questions (see reverse) are comp	lete and	correct.
Additionally, I hereby state that, to the best of my known Signature of PARENT or GUARDIAN or 18-YEA	wledge, my answers to the medical hi	story questions (see reverse) are comp	lete and	correct.
Signature of PARENT or GUARDIAN or 18-YEA	wledge, my answers to the medical hi	story questions (see reverse) are comp	lete and	correct
	wledge, my answers to the medical his AR-OLD: HHERE IF NEEDED TO ACCOMPANY STUDES ISENT: GOMPLETED BY PARENT o	story questions (see reverse) are comp Date:	lete and	correct.
Signature of PARENT or GUARDIAN or 18-YEA MEDICAL TREATMENT CON	wledge, my answers to the medical his AR-OLD: HHERE IF NEEDED TO ACCOMPANY STUDENT ISLENT: COMPLETED BY PARENT of r-old, or the parent or guardian of recessary, and further recognize that school personn	story questions (see reverse NT-ATHLETE) T GUARDIAN or 18-YEAR- nel may be unable to contact me for my) are comp Date: Ditp recog consent for er	lete and	a result of