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

| Student Name: | | | Date of Birth: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| michigan high school athletic association Doctor: | Doctor's Phone: Date of Exam: | | | | |
| - GENERAL QUESTIONS | Y | N | - MEDICAL QUESTIONS Y | | |
| 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? | | |
| ☐ 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? | | |
| Do you have any concerns that you would like to discuss with a doctor? | | | Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| - HEART HEALTH QUESTIONS ABOUT YOU | Υ | N | Have you had infectious mononucleosis (mono) within the last month? | | |
| Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | Do you have any rashes, pressure sores or other skin problems? | | |
| Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | Have you had a herpes or MRSA skin infection? | | |
| Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | | Do you have headaches or get frequent muscle cramps when exercising? | | |
| Has a doctor ever told you that you have any heart problems? Check all that apply: | | | Have you ever become ill while exercising in the heat? | | |
| ☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol | | | Do you or someone in your family have sickle cell trait or disease? | | |
| ☐ Kawasaki disease ☐ Other: | _ | | Have you had any problems with your eyes or vision or any eye injuries? | | |
| Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram) | _ | _ | Do you wear glasses or contact lenses? | | |
| Do you get lightheaded or feel more short of breath than expected during exercise? | | | Do you wear protective eyewear such as goggles or a face shield? | | |
| Oo you have a history of seizure disorder or had an unexplained seizure? Fainting? | | | Immunization History: Are you missing any recommended vaccines? | | |
| Do you get more tired or short of breath more quickly than your friends during exercise? | | | Do you have any allergies? | | |
| - HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Y | N | Have you ever had a head injury or concussion? | | |
| las anyone in your family had a pacemaker or implanted defibrillator before age 35? | - | | Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems? | | |
| Has any family member or relative died of heart problems or had an unexpected or unexplained sudder leath before age 35 years (including drowning or unexplained car crash)? | | | Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling? | | |
| Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfar syndrome, arrhythmogenic, right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | Have you ever had an eating disorder? | | |
| - BONE AND JOINT QUESTIONS | V | | Do you worry about your weight? | | |
| lave you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game | | la l | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| lave you ever had any broken or fractured bones, dislocated joints or stress fracture? | + | | Are you on a special diet or do you avoid certain types of foods? | | |
| lave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? | 1 | | - FEMALES ONLY (Optional) | | |
| Do you regularly use a brace, orthotics or other assistive device? | 1 | | Have you ever had a menstrual period? | | |
| Do you have a bone, muscle or joint injury that bothers you? | + | | If "YES", When was your most recent menstrual period? | | |
| Do any of your joints become painful, swollen, feel warm or look red? | 1 | | 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? | | |
| lave 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 YEA | | |
| lease explain any "YES" answers: | | | | | |
| | male | ted | by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT | | |
| KAMINATION: Height: Weight: □ Male □ Female BP: | injere | and the same | Pulse: Vision: R 20/ L 20/ Corrected: □ Y □ N | | |
| IEDICAL | | N | RMAL ABNORMAL MUSCULOSKELETAL NORMAL ABNORMA | | |
| ppearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, m span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | Neck | | |
| yes/Ears/Nose/Throat: Pupils Equal Hearing | | T | Back | | |
| mph nodes | | | Shoulder/Arm | | |
| Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Pulses: Simultaneous femoral and radial pulses Lungs | | - | Elbow/Forearm | | |
| | | +- | Wrist/Hand/Fingers Hip/Thigh | | |
| odomen | | 1 | Knee | | |
| enitourinary (males only) | | | Leg/Ankle | | |
| in: HSV: Lesions suggestive of MRSA, tinea corporis | | - | Foot/Toes | | |
| eurologic | | | Functional Duck Walk | | |
| ECOMMENDATIONS: | | | | | |
| certify that I have examined the above student and recommend him/her as be | ng ab | le to | compete in supervised athletic activities except: | | |
| * | | | successive solution and proceedings and control of the second solution of the second soluti | | |
| Name of Examiner (print/type): | | | Date: | | |
| Signature of Examiner: | | | | | |
| Signature of Examiner | | | | | |
| Vo. ed on other visitation and its or a supplication | | | | | |
| | | | PARENT or GUARDIAN or 18-YEAR-OLD | | |
| | | | Phone: () | | |
| EMERGENCY (1): Hor | | | | | |
| EMERGENCY (2): Hor | | | | | |
| rug Reactions: Cur | ont N | Andia | ations: | | |

Allergies: ___

____ FORM A: SEPT-22-23

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: | | FIRST | MIDDLE INITIAL |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Student Address: | | | |
| STREET | | CITY | ZIP |
| Sex: M F Age: Date of Bi | rth: Place o | of Birth (City/State): | |
| School: | | Circle Grade: 6 | 7 8 9 10 11 12 |
| Parent/Guardian Name: | | | |
| Phone (home): | (work): | (cell): | |
| Parent/Guardian Name: | | | |
| Phone (home): | (work): | (cell): | |
| Email Address: Parent/Guardian/18-Year-Old: | | | |
| | | | |
| STUDENT PARTI | CIPATION & PARENT or GU | Ardian of 18-Year-Old Conse | ENIT |
| The information submitted herein is truthful to the best o | | | |
| i he information submitted herein is truthful to the best oconcussion educational information that meets Micl | | | |
| Further, in consideration of my/my child's participation in | MHSAA-enongored athletics I/wo | do hereby agree understand appreciate | and acknowledge: |
| that participation in such athletics is purely voluntal personal injury associated with participation in such actions, or causes of action against the MHSAA, its mer affiliates based on any injury to me, my child, or any perchild's participation in an MHSAA-sponsored sport. | ry; that such activities involve ph h activities, which risk I/we assur mbers, officers, representatives, co | nysical exertion and contact and that the ne; and that I/we agree to, and hereby wai mmittee members, employees, agents, atto | ere is inherent risk of ive any and all claims, suits, losses, orneys, insurers, volunteers, and |
| /we understand that I am/we are expected to adhere fir above student to engage in interscholastic athletics and determining eligibility for interscholastic athletics. My ch | for the disclosure to the MHSAA of | f information otherwise protected by FERP | A and HIPAA for the purpose of |
| Signature of STUDENT: | | | Date: |
| Signature of PARENT or GUARDIAN or | | | Date: |
| | IKSURANCE STA | THENT | |
| Our son/daughter will comply with the specific i | nsurance regulations of the se | chool district. | |
| The student-athlete has health insurance: \Box | | | |
| f YES, Family Insurance Co: | I | nsurance ID #: | |
| Additionally, I hereby state that, to the best of m | | | |
| 3 Signature of PARENT or GUARDIAN or | | | |
| (I | DETACH HERE IF NEEDED TO ACCO | OMPANY STUDENT-ATHLETE) | |
| MEDICAL TREATMENT | T CONSENT: COMPLETED E | BY PARENT OF GUARDIAN OF 18-Y | FAR-OLD |
| ,, ai | n 18-vear-old, or the parent or quardian o | nf | , recognize that as a result of |
| athletic participation, medical treatment on an emergency basis r | may be necessary, and further recognize | that school personnel may be unable to contact m | ne for my consent for emergency medical |
| care. I do hereby consent in advance to such emergency care, in | iciuuing nospital care, as may be deeme | u necessary under the then-existing circumstance | so and to assume the expenses of such care. |

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