EXAMINATION

Drug Reactions: __________________________________________
Current Medications: _________________________________________________________

IN EMERGENCY

Allergies: ______________________________________________________________________________________________________________

Abdomen

Lungs

Pulses: Simultaneous femoral and radial pulses   Wrist/Hand/Fingers

Lymph nodes

Shoulder/Arm

Abnormal: (1): ______________________________________  Home #: (______)_________________________  Cell #: (______)____________________

Anemia

Heart murmur

Other

Heart infection

Other

Abnormal: (1): ______________________________________

Has anyone in your family had an unexplained fever, unexplained seizures or near drowning?

Has anyone in your family had a heart problem or pacemaker or defibrillator?

Do you or anyone in your family have a history of glaucoma, seizures, skin problems or other neurological problems?

The following are normal (N) or abnormal (A). After finishing the form, mark the side that applies to you.

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?

Have you ever had an eating disorder?

Do you have asthma?

Do you have any history of juvenile arthritis or connective tissue disease?

How many periods have you had in the last 12 months?

Do any of your joints become painful, swollen, feel warm or look red?

How old were you when you had your first menstrual period?

Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

Do you have any history of seizure disorder or had an unexplained seizure?

Do you wear protective eyewear such as goggles or a face shield?

Do you get lightheaded or feel more short of breath than expected during exercise?

Do you wear glasses or contact lenses?

Has anyone in your family 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)?

Has anyone in your family 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)?

Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?

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Do you have any history of juvenile arthritis or connective tissue disease?

How many periods have you had in the last 12 months?

Do any of your joints become painful, swollen, feel warm or look red?

How old were you when you had your first menstrual period?

Have you ever passed out or nearly passed out DURING or AFTER exercise?

Have you had infectious mononucleosis (mono) within the last month?

Do you have any history of seizure disorder or had an unexplained seizure?

Do you wear protective eyewear such as goggles or a face shield?

Do you get lightheaded or feel more short of breath than expected during exercise?

Do you wear glasses or contact lenses?

Has anyone in your family 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)?

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Do you have any history of juvenile arthritis or connective tissue disease?

How many periods have you had in the last 12 months?

Do any of your joints become painful, swollen, feel warm or look red?

How old were you when you had your first menstrual period?
A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: ________________________________________
Student Address: ________________________________________

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: ____________________________________________________________________________

GUARDIAN or PARENT or 18-YEAR-OLD

Signature of GUARDIAN or PARENT 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.

Signature of GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________

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 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.

Signature of GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

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 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 all and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committeemembers, 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/we am/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/My Child has my/my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: ____________________________________________________________________________ Date: __________________

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________

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/we am/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/My Child has my/my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: ____________________________________________________________________________ Date: __________________

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________

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

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________

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

1. 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 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.

Signature of 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.

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________

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Signature of GUARDIAN or 18-YEAR-OLD: ____________________________________________________________________________ Date: __________________