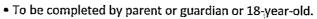
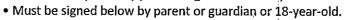


MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY







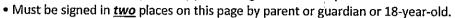
A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

LAST			FIRST	M.	u)	SEX	GRADE	DATE OF BIRT	1 4 11 4		SE.
STUDENT'S NAME: NUMBER AND STREET				1	CIT	<u>. l</u>	·		- 4	1	710
STUDENT'S ADDRESS:						CITY					ZIP
NAME OF FATHER OR GUARDIAN		WORK PHONE	NAME OF MOTHER OR GO	JARDIAN				-	WORK	PHONE	
FAMILY DOCTOR		OFFICE PHONE STUDENT'S HOME PHONE								*	
		MEDICAL	_ HISTORY	ľ		-					
GENERAL QUESTIONS	NO.			*YES*	NO.		SS MEDI	CAL QUESTIONS	agaza e	SYES	£NΩ:
Has a Doctor ever denied or restricted your participation in Sports for any reason?	200 1 200 200	Does anyone in your fami		No state and	Pikinvisi ^e	Do you		eerns that you would like t		1 12 T. T. T. S.	Pitt (T.)
Do you have any ongoing medical conditions? If so, please		Has any family member of				Were yo	u bom with	out or are you missing an o	rgan?		
Identify by Circling: Asthma Anemia Diabetes Infections Other:		Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			Identify by citcling: A kidney An eye Your spleen A testicle (males) Any other organ?						
Have you ever spent the night in the hospital?	 -		ily have catecholaminergic	+	:	Have yo	u ever had a	n eating disorder?		 	-
Have you ever had surgery?			tachycardia, short QT syndrome?					your weight?	•		
HEART/HEALTH QUESTIONS ABOUT YOU SEED AYES Have you ever passed out or nearly passed out DURING	NO.		DINT QUESTIONS AND AND AUTOMOTION OF THE PROPERTY OF THE PROPE	SYES *	#NO.			head injury or concussion.		<u> </u>	
or after exercise?			1 to miss a practice or a game?					hit or blow to the head that I headache, or memory pro			
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		Have you ever had any broken or fractured bones or dislocated joints?			ĺ	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?					
Do you get lightheaded or feel more short of breath than	i	Have you ever had an injury that required x-rays, MRI,				Have you ever been unable to move your arms or legs					<u> </u>
expected during exercise? Do you get more tired or short of breath more quickly than		CT scan, injections, therapy, a brace or east or crutches? Have you ever been told that you have neck instability or				after being hit or falling? Are you trying to or has anyone recommended that you?				<u> </u>	<u> </u>
your friends during exercise?		atlantoaxial instability (D	own syndrome or dwarfism)?			gain or k	ose weight?		15		
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			own syndrome or dwarfism)?			types of	foods?	diet or do you avoid certai	`		
Have you ever had an unexplained seizure or do you have a history of seizure disorder?	_	Do you regularly use a bra device?	ace, ortholics, or other assistive			Do you v		ive eyewear, such as goggl	es, or a		
Does your heart ever race or skip beats (irregular heat) during exercise?		Do any of your joints beed or look red?	ome painful, swollen, feel warm		Ì	Do you o		n your family have sickle o	ell trait,		
Has a doctor ever told you that you have high blood pressure?		Do you have any history of connective tissue disease?	•		1		u had any pr ny cye injeri	oblems with your eyes or v	ision		-
Has a doctor ever told you that you have high cholesterol?		Have you ever had a stres				Do you v	wear glasses	or contact lenses?	ij		-
Has a doctor ever told you that you have Kawasaki disease? Has a doctor ever told you that you have other heart	-		or joint injury bothering you?		i			erpes or MRSA skin infect			
problems?			ATION HISTORY 1	YES	NO	the last n		ous mononucleosis (mono)	अंशितीराण । ४		
Has a doctor ever fold you that you have a heart infection?		Are you missing any reco MCV4, HPV. Varicella. M	mmended vaccines (Tdap, Flu, MMR)		}	Do you l problems		hes, pressure sores, or other	rskin		
Has a doctor ever told you that you have a heart mannar? SYOUR: FAMILY'S HEART-HEALTH QUESTIONS SYES			AL QUESTIONS	YES	ENO.		Have Any A		-		
Does anyone in your family have a heart problem,	F 8201		while exercising in the heat?		1			EMALES ONLY THE PROPERTY	经利用指	YES	HNO;
Pacemaker, or implanted defibrillator?	_	during or after exercise?			į			menstrual period?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?		Do you have beadaches or When exercising?	r get frequent muscle cramps		}		were you w il period?	hen you had your first			
Anyone in your family had unexplained fainting?		Do you have pain, a paint	ful bulge or hernia in the groin?		i	llow ma	ny periods h	ave you had in the last	ķ	 	
Anyone in your family had unexplained seizures? Anyone in your family had unexplained near drowning?		Is there any one in your fa Have you ever used an inf	amily who has asthma? haler or taken asthma medicine?		ì	twelve (1	(2) months?				
INCLIDA	MIC	ESTATEME	NT AND CER		57.5						
Our Son/Daughter will comply with the specif								-45	•		
as possible.	ic mau	nance regulations (or the sention district a	na me n	neur	zai misi	iory que	stions are as comp	nete ar	ia corr	ect
Family Insurance Co:			Contract	#:							
<u> </u>											
Signatures of Student:		& rare	ng Guardian of 18 Yea	ır Ula: ˌ				 ,		- 1	
< DETA	сн не	RE IF NEEDED TO	O ACCOMPANY STU	DENT A	ATH	LETE >					
EMERGENCY INFORMA									_		
Student's Name:					<u>; </u>			G	rade:		
N EMERGENCY 1)			Phone #:		}		Cel	l #:			
CONTACT OF 2)			Pnone #:		J.		Cel	l#:			
Family Doctor:							Phone	:			
Allergies:								-	,		
Drug Reactions:									- /		
Current Medications:			¥ .		\$ \				ŧ		
											



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS

• To be completed 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											
Last	First			Middle							
STUDENT'S COMPLETE LEGAL NAME:	1. A.					;	9				
STUDENT'S Month Day Year	· PLACE	City	`	· · · · · · · · ·	State	, ;	<u> </u>				
DATE OF BIRTH:	OF BIRTH:	,			31011	- 1	1				
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:			1								
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		Pulse:	Vision: R 20/	L 20/		ed: Yes No				
(MEDICAL) 2005年1月19年7月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1		MABNORMAL/FINDU	- 0	BMOSCHLOSKRIETALS							
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia. MVP, aortic insufficiency)				Neck							
Eyes/Ears/Nose/Throat; Pupils Equal Hearing	-			Back Shoulder/Arm							
Lymph Nodes				Elbow/Forearm	-						
Heart: Munnurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Pulses: Simultaneous femoral and radial pulses	'			Wrist/Hand/Fingers			1				
Lungs:	 			Hip/Thigh Knee							
Abdomen			1	Leg/Ankle			1				
Genitourinary (Males Only) Skin: HSV, lesions suggestive of MRSA, tinea corporis	<u> </u>			Fout/Toes							
Neurologie:				Functional: Duck Walk		<u> </u>	<u>f</u>				
RECOMMENDATIONS:			Ī	-,-		*	4				
BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALE 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:											
OF EXAMINER:	* ₩		<u>.</u>	DA1	re:	- 8					
STUDENT PARTICIPATION & PARENT	OR G	UARDIAN	OR '	18 YEAR O	LD CO	NSE	NT				
This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject. I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its jout-of-town trips.											
I further understand that my son or daughter will be expected to adhere firmly to a Association.	all establishe	ed athletic policies o	f the scl	nool district and the N	Michigan Hig	th Schoo	l Athletic				
Signature of STUDENT:		····	-	··-	Date:	į.	<u></u>				
Signature of PARENT:					Date:	Ţ					
OF GUARDIAN OF 18 YEAR-OLD	-					, ŝ	•				
< DETACH HERE IF NEEDED TO AC	COMPANY	STUDENT ATHI	LETE >	-		·	-				
MEDICAL TREATMENT CONSENT – To Be	Compl	eted By Pa	rent	or Guardia	n or 18	-Yea	r-Old				
I,, an 18 year-old, or the parent or guardian of 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.											
			<u>:</u>			7					
SIGNATURE OF PARENT OR GUARDIAN OR 187	YEAR-OLD				DATI	E f					
			ıĺ								