



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 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 INITIAL

Student Address: _____
STREET CITY ZIP

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: _____

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 or 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: _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

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 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.

Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____



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

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS Y N

Has a doctor ever denied or restricted your participation in sports for any reason? _____

Do you have any ongoing medical conditions? If so, please identify below: _____

Asthma Anemia Diabetes Infections Other: _____

Have you ever spent the night in the hospital or have you ever had surgery? _____

- HEART HEALTH QUESTIONS ABOUT YOU Y N

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

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

Does your heart ever race or skip beats (irregular beats) during exercise? _____

Has a doctor ever told you that you have any heart problems? Check all that apply: _____

High blood pressure Heart murmur Heart infection High cholesterol

Kawasaki disease Other: _____

Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram) _____

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

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

Do you get more tired or short of breath more quickly than your friends during exercise? _____

- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Y N

Has anyone in your family had unexplained fainting, unexplained seizures or near drowning? _____

Does anyone in your family have a heart problem, pacemaker or implanted defibrillator? _____

Has any family member 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)? _____

Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia? _____

- BONE AND JOINT QUESTIONS Y N

Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? _____

Have you ever had any broken or fractured bones, dislocated joints or stress fracture? _____

Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? _____

Do you regularly use a brace, orthotics or other assistive device? _____

Do you have a bone, muscle or joint injury that bothers you? _____

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

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

Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)? _____

- MEDICAL QUESTIONS Y N

Do you cough, wheeze or have difficulty breathing during or after exercise? _____

Have you ever used an inhaler or taken asthma medicine? _____

Is there anyone in your family who has asthma? _____

Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ? _____

Do you have groin pain or a painful bulge or hernia in the groin area? _____

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

Do you have any rashes, pressure sores or other skin problems? _____

Have you had a herpes or MRSA skin infection? _____

Do you have headaches or get frequent muscle cramps when exercising? _____

Have you ever become ill while exercising in the heat? _____

Do you or someone in your family have sickle cell trait or disease? _____

Have you had any problems with your eyes or vision or any eye injuries? _____

Do you wear glasses or contact lenses? _____

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

Immunization History: Are you missing any recommended vaccines? _____

Do you have any allergies? _____

Have you ever had a head injury or concussion? _____

Do you have any concerns that you would like to discuss with a doctor? _____

Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems? _____

Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling? _____

Have you ever had an eating disorder? _____

Do you worry about your weight? _____

Are you trying to or has anyone recommended that you gain or lose weight? _____

Are you on a special diet or do you avoid certain types of foods? _____

- FEMALES ONLY (Optional) Y N

Have you ever had a menstrual period? _____

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

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

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
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		
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/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): MD DO PA NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____