



**MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.  
MEDICAL HISTORY**

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places 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.

NAME:	LAST	FIRST	SEX	GRADE	AGE
ADDRESS:	STREET		CITY		ZIP
FATHER'S / GUARDIAN'S NAME	WORK PHONE		MOTHER'S / GUARDIAN'S NAME		WORK PHONE
FAMILY DOCTOR	OFFICE PHONE		HOME PHONE		DATE OF BIRTH

**INSURANCE STATEMENT & MEDICAL HISTORY**

Our son/daughter will comply with the specific insurance regulations of the school district.

- Family Insurance Co. \_\_\_\_\_
- Contract # \_\_\_\_\_
- Signature of Parent or Guardian or 18-Year-Old: \_\_\_\_\_

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
<b>Have you ever had:</b>			<b>Have you ever had:</b>			<b>Do you now have:</b>		
Fainting			Kidney Disease			Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
			<b>Do you now have:</b>					
Poliomyelitis			Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

**PHYSICAL EXAMINATION**

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia / Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

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 - GYMNASICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING**

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

SIGNATURE OF EXAMINER: X CIRCLE ONE: MD DO PA NP

PRINTED NAME OF EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDICAL TREATMENT CONSENT**

To be 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 \_\_\_\_\_

X

