

Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sports: \_\_\_\_\_ Male  Female  Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HISTORY:** Please fill out #1 thru #8 before physical

- Have you ever been unable to participate in sports due to illness or injury?  
Yes  No  If yes, explain \_\_\_\_\_
- Do you take any medications regularly?  
Yes  No  What? \_\_\_\_\_
- Do you have any Allergies?  
Yes  No  What? \_\_\_\_\_
- Immunizations up to date? Yes  No
- Have you ever had any injury to, pain or swelling in any of the following?  
Shoulders  Arm  Wrists  Hands  Legs  Knees  Ankles
- Family History: Have any blood relatives had:

CHECK EACH ITEM:	YES	NO	EXPLAIN
Diabetes			
Heart Trouble			
Stroke or High Blood Pressure			
Asthma or Allergies			
Blood diseases or Cancer			

7. List all Operations and/or Hospitalizations Year


8. Have you ever had or have now:
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Seizures                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes (sugar in urine)                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Trouble, chest pains, murmur .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Lung problems: difficulty breathing ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Worn glasses or contact lenses .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| Back pain .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck injury .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Fractured any bone.....                   | <input type="checkbox"/> | <input type="checkbox"/> |

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
2. Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Both 20/200 100 70 50 40 30 20  
3. Vision: ( ) Abnormal ( ) Normal Right 20/200 100 70 50 40 30 20  
Acuity: ( ) Uncorrected ( ) Corrected Left 20/200 100 70 50 40 30 20

Physician Remarks/Recommendations: \_\_\_\_\_

Permission granted to conduct a sports physical examination on behalf of my son/daughter

\_\_\_\_\_  
(Parent signature) (date)

**FLEXIBILITY**

	Normal	Abnormal
Sit & Reach	<input type="checkbox"/>	<input type="checkbox"/>
Calf	<input type="checkbox"/>	<input type="checkbox"/>
Quads	<input type="checkbox"/>	<input type="checkbox"/>

**KNEE**

Ligament stability R/L		
ACL, PCL, MCL, LCL	<input type="checkbox"/>	<input type="checkbox"/>
Chondromalacia	<input type="checkbox"/>	<input type="checkbox"/>
Patellar alignment	<input type="checkbox"/>	<input type="checkbox"/>
Meniscus R/L Med/Lat	<input type="checkbox"/>	<input type="checkbox"/>

**ANKLE**

Anterior Drawer	<input type="checkbox"/>	<input type="checkbox"/>
Inversion/Eversion Strength	<input type="checkbox"/>	<input type="checkbox"/>
Heel/Toe Raise	<input type="checkbox"/>	<input type="checkbox"/>
Single Leg Stance	<input type="checkbox"/>	<input type="checkbox"/>

**SHOULDER**

R.O.M	<input type="checkbox"/>	<input type="checkbox"/>
Strength	<input type="checkbox"/>	<input type="checkbox"/>
Impingement sign	<input type="checkbox"/>	<input type="checkbox"/>
Apprehension	<input type="checkbox"/>	<input type="checkbox"/>
Supraspinatus Test	<input type="checkbox"/>	<input type="checkbox"/>

**POSTURE**

Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>
Kyphosis	<input type="checkbox"/>	<input type="checkbox"/>
Lordosis	<input type="checkbox"/>	<input type="checkbox"/>
Leg Length	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL**

Heart	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**SECTION II – PARENT/GUARDIAN APPROVAL - To be completed by parent or guardian**

I hereby give my consent for the above named student to engage in interscholastic athletics at the above school during the current school year and to accompany the team as a member on its out-of-town trips. The school is not liable for injuries or the cost of medical care resulting from these injuries.

I give my permission for immediate medical attention by a physician when in attendance at the athletic contest.

We carry personal accident or health Insurance

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I have read and am aware of the District Policies: 1) Extra Curricular Code of Conduct, 2) Student Attendance Procedures Rules and Regulations and 3) Specific Team Rules.

My consent for the above named student to engage in interscholastic athletics is given with my complete knowledge and understanding of the risk of serious personal injuries associated with participation therein.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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 out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

**SECTION III – STUDENT APPLICATION - To be completed by the student athlete**

This application to participate in athletics at the above named school is totally voluntary on my part. I have read the 1) Extra Curricular Code of Conduct, 2) Student Attendance Policy and the Districts' Student Code, and am fully aware of my responsibilities relative to the codes. I fully understand and appreciate the risk of serious personal injuries associated with my participation in interscholastic athletics.

I have never received money or negotiable certificates 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.

**SIGNATURE OF STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_