

To be completed and signed by the athlete and parent/guardian if athlete is less than 18 years of age.
A current sports physical is one performed on or after April 15 of the previous school year.

Last First Middle Sex: M / F Date of Birth: / / Today's Date: / /
 Student Name: _____ Sex: M / F Date of Birth: / / Today's Date: / /
 I hereby state that, to the best of my knowledge, the following medical history information is correct. I authorize Dr. _____ to perform this evaluation.
 Student athlete signature: _____ Parent/Guardian signature: _____ Today's date: / /

MEDICAL HISTORY

GENERAL QUESTIONS		Y	N	YOUR FAMILY'S HEART HEALTH QUESTIONS		Y	N	MEDICAL QUESTIONS		Y	N		
Has a Doctor ever denied or restricted your participation in sports for any reason?				Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?				Do you cough, wheeze, or have difficulty breathing during or after exercise?					
Do you have any ongoing medical conditions? Such as Asthma, Anemia, Diabetes, Infections or Other				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)?				Were you born without or are you missing an organ? Identify by circling: Kidney Eye Spleen Testicle (males) Any other organ:					
Do you regularly take medication (prescription or over-the-counter)?				Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?				Do you or someone in your family have sickle cell trait or disease?					
Do you have any allergies (medications, bee stings, other)?				Have you ever had surgery or spent the night in the hospital?				Have you ever had an eating disorder?					
HEART HEALTH QUESTIONS ABOUT YOU			Y	N	BONE AND JOINT QUESTIONS			Y	N	Do you worry about your weight?			
Have you ever passed out or nearly passed out DURING or AFTER exercise?				Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?				Are you trying to or has anyone recommended that you gain or lose weight?					
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?				Are you on a special diet or do you avoid certain types of foods?					
Do you get lightheaded or feel more short of breath than expected during exercise?				Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?				Have you ever had a head injury or concussion? If yes, How many? _____					
Do you get more tired or short of breath more quickly than your friends during exercise?				Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or Dwarfism)?				Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?					
Has a doctor ever ordered a test for your heart? For example: ECG / EKG, echocardiogram				Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or Dwarfism)?				Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?					
Have you ever had an unexplained seizure or do you have a history of seizure disorder?				Do you regularly use a brace, orthotics, or other assistive device?				Have you ever been unable to move your arms or legs after being hit or falling?					
Does your heart ever race or skip beats (irregular beat) during exercise?				Do any of your joints become painful, swollen, feel warm or look red?				Do you wear protective eyewear, such as goggles, or a face shield?					
Has a doctor ever told you that you have high blood pressure?				Do you have any history of juvenile arthritis or connective tissue disease?				Have you had any problems with your eyes or vision or had any eye injuries?					
Has a doctor ever told you that you have high cholesterol?				Have you ever had a stress fracture?				Do you wear glasses or contact lenses?					
Has a doctor ever told you that you have Kawasaki disease?				Do you have a bone, muscle, or joint injury bothering you?				Have you ever had herpes or MRSA skin infection?					
Has a doctor ever told you that you have other heart problems?				IMMUNIZATION HISTORY			Y	N	Have you had infectious mononucleosis (mono) within the last month?				
Has a doctor ever told you that you have a heart infection?				Are you missing any recommended vaccines (Tetanus, Flu, MCV4, HPV, Chicken pox, MMR)?				Do you have any rashes, pressure sores, or other skin problems?					
Has a doctor ever told you that you have a heart murmur?				Date of your most recent tetanus: / /				Do you have any concerns that you would like to discuss with a doctor?					
YOUR FAMILY'S HEART HEALTH QUESTIONS			Y	N	MEDICAL QUESTIONS			Y	N	FEMALES ONLY		Y	N
Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				Have you ever become ill while exercising in the heat?				Have you ever had a menstrual period?					
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?				Do you have headaches or get frequent muscle cramps when exercising?				How many periods have you had in the last twelve (12) months?					
Anyone in your family had unexplained fainting?				Do you have pain, a painful bulge or hernia in the groin?				How old were you when you had your first menstrual periods? Age: _____					
Anyone in your family had unexplained seizures?				Is there anyone in your family who has asthma?				Date of most recent menstrual period: / /					
Anyone in your family had unexplained near drowning?				Have you ever used an inhaler or taken asthma medicine?									

Use this space for details of any "Yes" answers above or any additional health history:

PHYSICAL EXAMINATION

Height:	Weight:	Male / Female	BP:	/	Pulse:	Vision: R20/	L20/	Corrected: Yes / No
MEDICAL								
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			N	A	NE	DETAILS		
HEENT: anisocoria, hearing deficits, deviated septum, dental, braces						MUSCULOSKELETAL		
Heart: Murmurs (auscultation standing/supine +/- Valsalva) PMI						N	A	NE
Pulses: radial, femoral (coarctation)						DETAILS		
Lungs: wheezing, rhonchi, rales						Deformity, ROM, Strength, Instability		
Abdomen: tenderness, organomegaly, bruits						Neck		
Genitalia: undescended / absent testicle, hernia						Back		
Skin: acne, furuncles / carbuncles, impetigo, herpes						Shoulder/Arm		
Neuro/Psych: head/C-spine injury, sensory/motor deficits, depression signs						Elbow/Forearm		
						Wrist/Hand/Fingers		
						Hip/Thigh		
						Knee		
						Leg/Ankle		
						Foot/Toes		
						Functional: Duck Walk		

Ancillary Testing: BESS Score (balance testing) _____ (2 digit) Baseline Neuro/Psych Test: Y / N EKG: Y / N Other:

Sports Participation Health Evaluation

PARENT/ATHLETE SECTION (PLEASE COMPLETE)

Student Name:	Last	First	Middle		Sex	Date of Birth	Age	Today's Date:
				M	F	/ /		/ /
Student Address:	Number & Street Name	City	State	Zip	Student's Phone:			
					Home:	Cell:		
Name of Father/Guardian:		Phone#:		Name of Mother/Guardian:		Phone#:		
School:	Grade:		Sports Activities:					

EMERGENCY INFORMATION / MEDICAL TREATMENT CONSENT

Emergency Contact Name:	Phone#:	Relationship:
Personal Physician Name:	Phone#:	
Current Medications: <input type="checkbox"/> None <small>(list prescribed and over the counter medications)</small>	Allergies: <input type="checkbox"/> None	

MEDICAL TREATMENT CONSENT: 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 _____

SIGNATURES CONSENTING TO CONDITIONS OF PARTICIPATION

STUDENT DISCLOSURE AND ACCEPTANCE OF CONDITIONS TO PARTICIPATE: 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 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: _____

INSURANCE STATEMENT: CONSENT TO DISCLOSURE: 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.

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

The student-athlete has health insurance: Yes No If yes, Family Insurance Co.: _____ Contract# _____

Signature of PARENT OR GUARDIAN OR 18-YEAR OLD _____ Date _____

EVALUATION RESULTS / RECOMMENDATIONS / CLEARANCE

<u>ASSESSMENT</u>	<u>DISPOSITION</u>
1. <input type="checkbox"/> No significant health concerns affecting sports participation	1. <input type="checkbox"/> Sports health issues discussed
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Counseling: (circle all that apply): Diet, injury prevention, injury management, immunizations

CLEARANCE STATEMENT

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box)

(1) Participate in **all** school interscholastic activities without restrictions.

(2) Requires **further evaluation** before a final recommendation can be made. Additional recommendation for the school or parents: _____

(3) **Not cleared for:** All Sports Specific Sports: (Cross out specific sports below not cleared for participation)

Collision Contact Sports		Limited Contact Sports			Non-Contact Sports	
Basketball	Ice Hockey	Baseball	Alpine Skiing	Girls Volleyball	Bowling	Track Running
Boys Lacrosse	Soccer	Competitive Cheer	Girls Softball	Track Field Events	Cross Country	Track Field Events
Diving	Wrestling	Girls Lacrosse		High Jump	Golf	Discus
Football		Girls Gymnastics		Pole Vault	Swimming	Shot Put
					Tennis	

I have reviewed and detailed the history and have performed a physical examination on the above named athlete and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Examiner Signature: _____ Print Examiners Name: _____ Office Phone: _____ Date: / /

COPY BOTH SIDES OF THIS FORM FOR THE STUDENT TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE FORM IN THE STUDENTS MEDICAL RECORD.