

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed below 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

LAST				FIRST	1	<u>/II</u>	SEX	GRADE	DATE OF BIRTH	AC	<mark>JE</mark>	
STUDENT'S NAME:												
NUMBER AND STRI STUDENT'S ADDRESS:	EET					CIT	Y				ZIP	
NAME OF FATHER OR GUARDIAN			WORK PHONE NAME OF MOTHER OR GUARDIAN WO							PHONE	I	
FAMILY DOCTOR			OFFICE PHONE	STUDENT'S HOME PHONE								
Eastman & Vempati, M.D.	, P.C.		586-421-1740	STODENT S HOME THORE								
	,			HISTORY								
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HE	ART HEALTH QUESTIONS	YES	NO		MEDI	CAL QUESTIONS	YES	N	
Has a Doctor ever denied or restricted your participation in			Does anyone in your fam	ily have arrhythmogenic			Do you have any concerns that you would like to					
Sports for any reason?				yopathy, long QT syndrome?			discuss with a doctor?					
Do you have any ongoing medical conditions? If so, please			Has any family member of	or relative died of heart			Wana					
Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexp	bected or unexplained sudden			Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen					
Infections Other:				iding drowning, unexplained			A testicle (males) Any other organ?					
			car accident or sudden inf									
Have you ever spent the night in the hospital?				ily have catecholaminergic			~		an eating disorder?			
Have you ever had surgery?			1 7 1	achycardia, short QT syndrome?					t your weight?			
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO		DINT QUESTIONS	YES	NO						
Have you ever passed out or nearly passed out DURING				ary to a bone, muscle, ligament					a hit or blow to the head that caused			
or after exercise?				to miss a practice or a game?			confusion, prolonged headache, or memory proble				_	
Have you ever had discomfort, pain, tightness or pressure				oken or fractured bones or			Have you ever had numbness, tingling, or weakness in					
in your chest during exercise?			dislocated joints?				your arms or legs after being hit or falling? Have you ever been unable to move your arms or legs				-	
Do you get lightheaded or feel more short of breath than expected during exercise?				ry that required x-rays, MRI, py, a brace or cast or crutches?			after being hit or falling? Are you trying to or has anyone recommended that you					
Do you get more tired or short of breath more quickly than				that you have neck instability or							-	
your friends during exercise?				own syndrome or dwarfism)?			gain or					
Has a doctor ever ordered a test for your heart?			Have you ever had an x-r				Are you	-	-			
For example: ECG/EKG, echocardiogram				own syndrome or dwarfism)?			types o					
Have you ever had an unexplained seizure or do you have				ace, orthotics, or other assistive			Do you wear protective eyewear, such as goggles, or a					
a history of seizure disorder?			device?				face sh					
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints bec or look red?	ome painful, swollen, feel warm			Do you or someone in your family have sickle cell trait or disease?					
Has a doctor ever told you that you have high blood			Do you have any history	of juvenile arthritis or			Have y	ou had any p	roblems with your eyes or vision			
pressure?			connective tissue disease					any eye inju				
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stres	s fracture?			Do you	wear glasse	s or contact lenses?			
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle,	or joint injury bothering you?			Have y	ou ever had	herpes or MRSA skin infection?			
Has a doctor ever told you that you have other heart problems?			IMMUNIZ	ATION HISTORY	YES	NO	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 reco MCV4, HPV, Varicella, 1	mmended vaccines (Tdap, Flu, MMR)			Do you probler		shes, pressure sores, or other skin			
Has a doctor ever told you that you have a heart murmur?			MEDICA	AL QUESTIONS	YES	NO	Do Yo	u Have Any	Allergies?		L	
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		while exercising in the heat?				I	FEMALES ONLY	YES	N	
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, o during or after exercise?	r have difficulty breathing			Have y	ou ever had	a menstrual period?			
Does anyone in your family have hypertrophic			Do you have headaches o	r get frequent muscle cramps			How o	ld were you	when you had your first	1	1	
cardiomyopathy, Marfan syndrome, Brugada syndrome?			When exercising?	- *			menstrual period?			1	1	
Anyone in your family had unexplained fainting?			Do you have pain, a pain	ful bulge or hernia in the groin?			How many periods have you had in the last					
Anyone in your family had unexplained seizures?			Is there any one in your fa	amily who has asthma?			twelve (12) months?			1	1	
Anyone in your family had unexplained near drowning?			Have you ever used an in	haler or taken asthma medicine?							1	

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

 Family Insurance Co:

------ < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -------

Student's Name:		I – To Be Completed	by Parent or Gu		Grade:
IN EMERGENCY		Phone #:		Cell #:	
	/				
CONTACT	or 2)	Phone #:		Cell #:	
Family Doctor: _	Eastman & Vempati, M.D., P.C	30795 23 Mile, Road Suite 202	Chesterfield, MI 48047	_ Phone: <u>586-421-1740</u>	Fax: 586-421-1744
Aller	gies:				
Drug Reacti	ons:				
Current Medicati	ons:				



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

PHYSICAL EXAM & CLEARANCE & CONSENT FORMS

• To be completed by parent or guardian or 18-year-old.

Must be signed in <u>two</u> places on this page 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												
STUDENT'S COMPLETE	Last UDENT'S COMPLETE LEGAL NAME:						First	Middle				
	Month	, , 	[Day	Year	PLACE OF BIRTH:	City		ate			
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 C MEDICAL	Jorrect Re	sponse As N	ecessary	y) Heig	ght: Weight:	Male/Female	BP: / Pulse: ABNORMAL FINDINGS	Vision: R 20/ MUSCULOSKELETAL	L 20/	Corrected: Yes No ABNORMAL FINDINGS		
	(kyphosed	oliosis, high-	arched 1	palate, pect	tus excavatum, arachnodactyly,	NORMAL	ABNORMAL FINDINGS	Neck	NORMAL	ABNORMAL FINDINGS		
arm span > heigh	ht, hyperla							Back				
Eyes/Ears/Nose/Throat: Lymph Nodes		Pupils Equa	<i>.</i> l	Hearin	ng			Shoulder/Arm Elbow/Forearm				
F 1	standing,	supine, +/- V	Valsalva) Location	of point of maximal impulse (PM	I)		Wrist/Hand/Fingers				
Pulses: Simultaneous f	femoral an	id radial puls	.es					Hip/Thigh				
Lungs: Abdomen								Knee Leg/Ankle				
Genitourinary (Males Only)								Foot/Toes				
	ISV,	lesions	sugges	tive of MR	SA, tinea corporis			Functional: Duck Walk				
Neurologic:												
RECOMMENDATIONS:												
STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT												
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 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 STUDENT:							<mark>Date</mark> :					
Signature of PARENT:							<mark>Date</mark> :					
		UARDIA										
< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >												
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.												

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