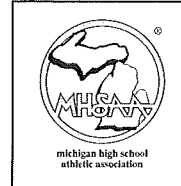




# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in **two** 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 LEGAL NAME:			Last			First			Middle		
STUDENT'S DATE OF BIRTH:			Month	Day	Year	PLACE OF BIRTH:			City	State	
CIRCLE GRADE: 6 7 8 9 10 11 12						SCHOOL:					

## 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 Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected: Yes	No
<b>MEDICAL</b>			<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>		
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 - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

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SIGNATURE OF EXAMINER: \_\_\_\_\_ CIRCLE ONE MD DO PA NP  
 PRINTED NAME OF EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

## 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: \_\_\_\_\_ Date: \_\_\_\_\_  
 or GUARDIAN or 18 YEAR-OLD

< 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.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD \_\_\_\_\_ DATE \_\_\_\_\_