

PHYSICAL EXAMINATION CLEARANCE FORM

			Birth Da	ate:	Age: Ge	nder: M / F
Address:						
Home Telephone:						
School:			de: Sr	oorts:		
certify that the above student ha	as been medic	ally evalu	ıated and is de	emed to be physic	cally fit to: (Check (One Box)
☐ (1) Participate in all sc	hool intersch	olastic a	ctivities witho	out restrictions.		
(2) Not cleared for:	All Sports	☐ Spe	cific Sports _			
Cross o	out specific si	orts bel	ow not cleare	d for participation	n.	
	•					
Sport classification based of	on contact:				Non	
Collision Contact Sports		LI	mited Contact Sp	orts	Non-co	ntact Sports
Basketball Ice Hockey Boys Lacrosse Soccer	Baseball Competitive	Cheer	Alpine Skiing Girls Softball	Track Field Eve High Jun	- 3	Track Running Track Field Even
Diving Wrestling	Girls Lacross	е	Sine Sensaii	Pole Vaul	t Golf	Discus
Football	Girls Gymnas	Sucs		Girls Volleybal	I Swimming Tennis	Shot Put
Sport classification based o	on intensity	and stre	enuousness:			
High Intensity High-to-Moderate Dynar		High Intensity High-to-Moderate Dynamic			High Intensity	Low Intensity
High-to-Moderate Stati			Low S	•	Low Dynamic High-to-	Low Dynamic Low Static
					Moderate Statio	;
1 0	ents - Distance	Baseball Lacrosse (Boys and Girls)		Swimming Tennis	Girls Competitive Cheer	-
	potball Wrestling		(Boys and Giris)	Girls Volleyball	Diving	Goil
Ice Hockey			tball		Field Events Girls Gymnastics	
(3) Requires further ev	valuation hote	ro a fina	Lrocommonds	tion can be mad	^	
Additional recommendat						
		·				
		and com	pleted the pre		sical evaluation 1	
have examined the above nar	med student a			varticipation phy	sicai Evaluationi. I	The athlete
loes not present apparent clir	nical contrain	dications	s to practice al	nd participate in	the sport(s) as ou	tlined above.
loes not present apparent clin A copy of the physical exam is	nical contraine s on record in	dications my offic	s to practice and can be	nd participate in made available to	the sport(s) as ou the school at the	tlined above. request of
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INFORMATION & CONSENT FORM

To be completed by parent/guardian or 18 year old or older student-athlete; please take time to complete the form to ensure the good health and safety of the student-athlete

Must be signed in **four (4)** places by parent/guardian or 18 year old or older student-athlete (Below and on page 3)

The exam date must be performed **on or after April 15**th to be valid for the following school year

The first two pages, Clearance Form and Information & Consent Form, must be kept on file with school athletic department

	lame: Last			First		Middle Initial
Sex:	Grade:	Age:	Date of Birth:_			
School: _			Sport(s):	:		
	Address:					
Street	Guardian Name:	City		Zip		
1					cell).	
T HOTIC (HC			(WOTK):		_(0011)	
ve never reconstruction of the control of the contr	eived money or i orth more than tw After I have rep my school seaso t I am expected	negotiable cer venty-five dollab resented my s n has been co to adhere firm	rtificate for merchars (\$25.00) for paschool in any spoompleted.	andise in any a articipating in a rt, I will not cor ed athletic poli	amount, rathletic events in a contract of the	ul to the best of my knowledge. nor any emblematic award or vents, nor have I ever under an any outside athletic contest in thing school district and the Michigar bles but which do not present all the service of the
	I am subject.				·	Date:
						•
URANCE						rance regulations of the school d
		The student-a	athlete has health	insurance: Ye	es No	
yes, Family	Insurance Co: _			Con	tract #	
for the disc rmining eligi	losure to the Mibility for intersch	HSAA of info holastic athlet	rmation otherwise ics; and I unders	e protected by tand the possi	y FERPA ibility that	engage in interscholastic athletics and HIPAA for the purpose of serious injury may result from a member on its out-of-town trips.
			will be expected to athletic Associatio		y to all es	stablished athletic policies of the
nature of P	ARENT OR GU	ARDIAN OR	18 YEAR-OLD			Date
		ONSENT: 1	l,			, an 18 year-old, or the
nt or guardia ment on an e or my conse	emergency basis ent for emergen	cy medical ca	ssary, and further rate. I do hereby o	recognize that recognize that s consent in adv	school pe vance to	It of athletic participation, medical rsonnel may be unable to contact such emergency care, including to assume the expenses of such

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the chart.)

Name			Date of birth				
Sex Age Grade		School	olSport(s)				
Medicines and Allergies: Please list all of the prescription	and ove	er-the-counter m	nedicines and supplements (herbal and nutritional) that you are curren	ntly taki	ing.		
Do you have any allergies? Yes No If yes, please ide	ntify speci	fic allergy below.					
Medicines Pollen	Food		Stinging Insects				
Explain "Yes" answers below. Circle questions you don't know the	ne answe	ers to					
ENERAL QUESTIONS	Yes	No					
. Has a doctor ever denied or restricted your participation in sports for			MEDICAL QUESTIONS	Yes	ľ		
ny reason?			26. Do you cough, wheeze, or have difficulty breathing during or after				
. Do you have any ongoing medical conditions? If so, please identify Asthma Anemia Diabetes Infections			exercise?		-		
Other:			27. Have you ever used an inhaler or taken asthma medicine? 28. Is there anyone in your family who has asthma?				
B. Have you ever spent the night in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle				
H, Have you ever had surgery?		1	(males), your spleen, or any other organ?				
IEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?				
. Have you ever passed out or nearly passed out DURING or AFTER			31. Have you had infectious mononucleosis (mono) within the last month?				
exercise?	1	+	32. Do you have any rashes, pressure sores, or other skin problems?				
. Have you ever had discomfort, pain, tightness, or pressure in your hest during exercise?			33. Have you had a herpes or MRSA skin infection?				
. Does your heart ever race or skip beats (irregular beats) during			34. Have you ever had a head injury or concussion?				
xercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?				
. Has a doctor ever told you that you have any heart problems? If so,			36. Do you have a history of seizure disorder?				
heck all that apply:			37. Do you have a history of serzure disorder:				
☐ High blood pressure ☐ A heart murmur			38. Have you ever had numbness, tingling, or weakness in your arms or legs				
☐ High cholesterol ☐ A heart infection			after being hit or falling?				
☐ Kawasaki disease Other:			39. Have you ever been unable to move your arms or legs after being hit or				
D. Has a doctor ever ordered a test for your heart? (For example,			falling?				
ECG/EKG, echocardiogram)			40. Have you ever become ill while exercising in the heat?				
Do you get lightheaded or feel more short of breath than expected uring exercise?			41. Do you get frequent muscle cramps when exercising? 42. Do you or someone in your family have sickle cell trait or disease?		-		
1. Have you ever had an unexplained seizure?			43. Have you had any problems with your eyes or vision?				
2. Do you get more tired or short of breath more quickly than your			44. Have you had any eye injuries?				
riends during exercise?			45. Do you wear glasses or contact lenses?				
HEART HEALTH QUESITONS ABOUT YOUR FAMILY	Yes	No	46. Do you wear protective eyewear, such as goggles or a face shield?				
13. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained			47. Do you worry about your weight?				
car accident or sudden infant death syndrome)?			48. Are you trying to or has anyone recommended that you gain or lose				
4. Does anyone in your family have hypertrophic cardiomyopathy, long			weight?				
OT syndrome, short QT syndrome, Brugada syndrome, or atecholaminergic polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?				
Does anyone in your family have a heart problem, pacemaker, or		+ +	50. Have you ever had an eating disorder?		-		
mplanted defibrillator?			51. Have you ever received tetanus-diphtheria-pertussis (Tdap) vaccine? 52. Are you missing any recommended vaccines (such as Tdap, MCV4,				
6. Has anyone in your family had unexplained fainting, unexplained			HPV, Varicella, MMR, Flu, etc.)?				
eizures, or near drowning?	X 7	N.	53. Do you have any concerns that you would like to discuss with a doctor?				
BONE AND JOINT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or tendon	Yes	No	FEMALES ONLY				
hat caused you to miss a practice or a game?			52. Have you ever had a menstrual period?		_		
8. Have you ever had any broken or fractured bones or dislocated joints?			53. How old were you when you had your first menstrual period?				
9. Have you ever had an injury that required x-rays, MRI, CT scan,			54. How many periods have you had in the last 12 months?				
njections, therapy, a brace, a cast, or crutches?	1	+	Explain " yes" answers here				
20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for		+					
neck instability or atlantoaxial instability? (Down syndrome or dwarfism)	<u> </u>	<u> </u>					
22. Do you regularly use a brace, orthotics, or other assistive device?							
23. Do you have a bone, muscle, or joint injury that bothers you?							
24. Do any of your joints become painful, swollen, feel warm, or look							
	i	1 1					
ed? 5. Do you have any history of juvenile arthritis or connective tissue		+					

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

(The provider should keep this form in the chart)

Name			Date o	f birth	
1. Consider additional questions on more sensitiv Do you feel stressed out or under a lot of Do you ever feel sad, hopeless, depressed Do you feel safe at your home or residend Have you ever tried cigarettes, chewing t Do you drink alcohol or use any other dru Have you ever taken anabolic steroids or During the past 30 days, did you use chev Do you drink alcohol or use any other dru Have you ever taken anabolic steroids or Have you ever taken any supplements to Have you ever taken any supplements to Do you wear a seatbelt, use a helmet and	pressure? I, or anxious? ce? obacco, snuff or dip? ugs? used any other performation of the performation of	ip? ance supplement? eight or improve yo	-	nd/or student athlete	
EXAMINATION					
Height Weight	Male	Female			
BP / (/) Pulse	Vision R 20/		L 20/	Corrected Yes or No	
MEDICAL			NORMAL	ABNORMAL FINDINGS	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus eshyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal Hearing Lymph nodes Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL	xcavatum, arachnodactyly, arm s	span > height,			
Neck Neck					
Back Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh					
Knee					
Leg/ankle					
Foot/toes					
Functional Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal Consider GU exam if in private setting. Having third party present is rec Consider cognitive evaluation or baseline neuropsychiatric testing if a hi Immunizations:	ommended.	n.			

Check the Michigan Care Improvement Registry (MCIR) for vaccination status: www.mcir.org

Has the student-athlete received all ACIP-recommended vaccines?

 \square_{No}