



**MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
MEDICAL HISTORY**

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places 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.

NAME: LAST		FIRST		SEX	GRADE	AGE
ADDRESS: STREET			CITY		ZIP	
FATHER'S/ GUARDIAN'S NAME			WORK PHONE		MOTHER'S/ GUARDIAN'S NAME	
FAMILY DOCTOR			OFFICE PHONE		HOME PHONE	
					DATE OF BIRTH	

INSURANCE STATEMENT

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

- Family Insurance Company: _____ Contract #: _____
- Signature of Parent or Guardian or 18-Year-Old: _____

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had: Fainting			Have you ever had: Kidney Disease			Do you now have: Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
Poliomyelitis			Do you now have: Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner.
(Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia/Testicular Exam		
Teeth-Cavities			Neurologic		
Orthopedic			Muscular		

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-COMPETITIVE CHEER-CROSS COUNTRY-FOOTBALL-GOLF-GYMNASTICS-ICE HOCKEY
- SKIING-SOCCER-SOFTBALL-SWIMMING-TENNIS-TRACK-VOLLEYBALL-WRESTLING

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SIGNATURE OF EXAMINER: X	CHECK ONE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
PRINTED NAME OF EXAMINER:	DATE: