



michigan high school athletic association

MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Exam: _____

Family Doctor: _____ Phone: _____

GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS

MEDICAL QUESTIONS, FEMALE ONLY (Optional), CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: Y N

Table with columns: MEDICAL, NORMAL, ABNORMAL, MUSCULOSKELETAL, NORMAL, ABNORMAL. Rows include Appearance, Eyes/Ears/Nose/Throat, Heart, Lungs, Abdomen, etc.

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/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER Name of Examiner (print/type): _____ Date: _____ Signature of Examiner: _____ (Check One): MD DO PA NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____ IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____ IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____ Drug Reactions: _____ Current Medications: _____ Allergies: _____

