

Mr. Klak/Mr. Staugaard  
Reuther Middle School Athletic Directors

Dear Parents,

Beginning in the 2017-2018 school year there will be a new physical form used by the Rochester Community School District. The form will be 2 pages (front and back side). The form is the one used by the Michigan High School Athletic Association (MHSAA) which is the governing administrative body for interscholastic athletics in Michigan.

We are asking parents and students to carefully look at EACH part of the form to make sure that all information is properly filled out and SIGNED by the student and/or parent

That includes the information that a physician MUST fill out and SIGN in order for the physical form to be valid. You may use this form beginning April 16, 2017 so that your son/daughter may participate/try out for interscholastic athletic teams for the 2017-2018 school year.

We are also asking that you PLEASE make multiple copies of this form to keep at home for your records. There will be a box in the front office where the physical forms may be dropped off. Please do not put the forms in Mr. Klak's or Mr. Staugaard's office. We have had too many situations where students claim a form was turned in and wasn't. Please do not give the form to your son/daughter's coach either.

We will also accept the physical form from the student directly if they are unable to put the form in the box that is present in the front office.

Below is an example of what we will need a completed form to look like. We know that it is very easy to forget to sign a part or fill out part of a form. We just want to make sure that all the bases are covered in insuring your child's safety and well-being as they participate in interscholastic athletics.

Yours in Athletics,

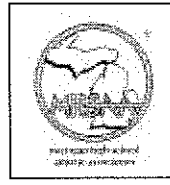
Mr. Nick Klak/Mr. Bill Staugaard  
Reuther Middle School Athletic Directors

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Enclosure



# 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**

STUDENT'S NAME: LAST <u>Doe</u> FIRST <u>John</u> MI <u>M</u> SEX <u>M</u> GRADE <u>7</u> DATE OF BIRTH <u>01-01-08</u> AGE <u>11</u>
STUDENT'S ADDRESS: NUMBER AND STREET <u>123 Happy Drive</u> CITY <u>Rochester Hills</u> ZIP <u>48307</u>
NAME OF FATHER OR GUARDIAN <u>Jim Doe</u> WORK PHONE <u>555.123.4567</u> NAME OF MOTHER OR GUARDIAN <u>Jane Doe</u> WORK PHONE <u>555.123.8901</u>
FAMILY DOCTOR <u>Dr. Tan Chivago</u> OFFICE PHONE <u>555.123.5545</u> STUDENT'S HOME PHONE <u>555.123.5545</u>

### MEDICAL HISTORY

GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDICAL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in Sports for any reason?		<input checked="" type="checkbox"/>	Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?		<input checked="" type="checkbox"/>	Do you have any concerns that you would like to discuss with a doctor?		<input checked="" type="checkbox"/>
Do you have any ongoing medical conditions? If so, please Identify by Circling: <u>asthma</u> Anemia Diabetes Infections Other: _____	<input checked="" type="checkbox"/>		Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		<input checked="" type="checkbox"/>	Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ?		<input checked="" type="checkbox"/>
Have you ever spent the night in the hospital?		<input checked="" type="checkbox"/>	Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?		<input checked="" type="checkbox"/>	Have you ever had an eating disorder?		<input checked="" type="checkbox"/>
Have you ever had surgery?		<input checked="" type="checkbox"/>	Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		<input checked="" type="checkbox"/>	Do you worry about your weight?		<input checked="" type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	YES	<b>NO</b>	<b>BONE AND JOINT QUESTIONS</b>	YES	<b>NO</b>	Have you ever had a head injury or concussion?		<input checked="" type="checkbox"/>
Have you ever passed out or nearly passed out DURING or after exercise?		<input checked="" type="checkbox"/>	Have you ever had any broken or fractured bones or dislocated joints?		<input checked="" type="checkbox"/>	Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		<input checked="" type="checkbox"/>
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		<input checked="" type="checkbox"/>	Have you ever had an injury that required x-rays, MRI CT scan, injections, therapy, a brace or cast or crutches?		<input checked="" type="checkbox"/>	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		<input checked="" type="checkbox"/>
Do you get lightheaded or feel more short of breath than expected during exercise?		<input checked="" type="checkbox"/>	Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		<input checked="" type="checkbox"/>	Have you ever been unable to move your arms or legs after being hit or falling?		<input checked="" type="checkbox"/>
Do you get more tired or short of breath more quickly than your friends during exercise?		<input checked="" type="checkbox"/>	Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		<input checked="" type="checkbox"/>	Are you trying to or has anyone recommended that you gain or lose weight?		<input checked="" type="checkbox"/>
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram		<input checked="" type="checkbox"/>	Do you regularly use a brace, orthotics, or other assistive device?		<input checked="" type="checkbox"/>	Are you on a special diet or do you avoid certain types of foods?		<input checked="" type="checkbox"/>
Have you ever had an unexplained seizure or do you have a history of seizure disorder?		<input checked="" type="checkbox"/>	Do any of your joints become painful, swollen, feel warm or look red?		<input checked="" type="checkbox"/>	Do you wear protective eyewear, such as goggles, or a face shield?		<input checked="" type="checkbox"/>
Does your heart ever race or skip beats (irregular beat) during exercise?		<input checked="" type="checkbox"/>	Do you have any history of juvenile arthritis or connective tissue disease?		<input checked="" type="checkbox"/>	Do you or someone in your family have sickle cell trait or disease?		<input checked="" type="checkbox"/>
Has a doctor ever told you that you have high blood pressure?		<input checked="" type="checkbox"/>	Have you ever had a stress fracture?		<input checked="" type="checkbox"/>	Have you had any problems with your eyes or vision or had any eye injuries?		<input checked="" type="checkbox"/>
Has a doctor ever told you that you have high cholesterol?		<input checked="" type="checkbox"/>	Have you a bone, muscle, or joint injury bothering you?		<input checked="" type="checkbox"/>	Do you wear glasses or contact lenses?		<input checked="" type="checkbox"/>
Has a doctor ever told you that you have Kawasaki disease?		<input checked="" type="checkbox"/>	<b>IMMUNIZATION HISTORY</b>	YES	<b>NO</b>	Have you ever had herpes or MRSA skin infection?		<input checked="" type="checkbox"/>
Has a doctor ever told you that you have other heart problems?		<input checked="" type="checkbox"/>	Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)		<input checked="" type="checkbox"/>	Have you had infectious mononucleosis (mono) within the last month?		<input checked="" type="checkbox"/>
Has a doctor ever told you that you have a heart infection?		<input checked="" type="checkbox"/>	<b>MEDICAL QUESTIONS</b>	YES	<b>NO</b>	Do you have any rashes, pressure sores, or other skin problems?		<input checked="" type="checkbox"/>
Has a doctor ever told you that you have a heart murmur?		<input checked="" type="checkbox"/>	Have you ever become ill while exercising in the heat?		<input checked="" type="checkbox"/>	<b>Do You Have Any Allergies?</b>		<input checked="" type="checkbox"/>
<b>YOUR FAMILY'S HEART HEALTH QUESTIONS</b>	YES	<b>NO</b>	Do you cough, wheeze, or have difficulty breathing during or after exercise?		<input checked="" type="checkbox"/>	<b>FEMALES ONLY</b>	YES	<b>NO</b>
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?		<input checked="" type="checkbox"/>	Do you have headaches or get frequent muscle cramps When exercising?		<input checked="" type="checkbox"/>	Have you ever had a menstrual period?		<input checked="" type="checkbox"/>
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?		<input checked="" type="checkbox"/>	Do you have pain, a painful bulge or hernia in the groin?		<input checked="" type="checkbox"/>	How old were you when you had your first menstrual period?		<input checked="" type="checkbox"/>
Anyone in your family had unexplained fainting?		<input checked="" type="checkbox"/>	Is there any one in your family who has asthma?		<input checked="" type="checkbox"/>	How many periods have you had in the last twelve (12) months?		<input checked="" type="checkbox"/>
Anyone in your family had unexplained seizures?		<input checked="" type="checkbox"/>	Have you ever used an inhaler or taken asthma medicine?		<input checked="" type="checkbox"/>			
Anyone in your family had unexplained near drowning?		<input checked="" type="checkbox"/>						

### 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: My Insurance Company Insurance ID #: 1234567890

Signatures of Student: John Doe & Parent/Guardian or 18 Year Old: Jim Doe

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

### EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: John Doe Grade: 7

IN EMERGENCY 1) Elizabeth Doe (Grandmother) Phone #: 555.321.1089 Cell #: 555.321.7600

CONTACT or 2) William Doe (Grandfather) Phone #: 555.321.1089 Cell #: 555.321.7601

Family Doctor: Dr. Tan Chivago Phone: 555.762.4700

Allergies: N/A (None)

Drug Reactions: N/A (None)

Current Medications: Asthma Inhaler

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# 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 <i>Do</i>	First <i>John</i>	Middle <i>Matthew</i>
STUDENT'S DATE OF BIRTH:	Month <i>01</i>	Day <i>01</i>	Year <i>2006</i>	PLACE OF BIRTH:	City <i>Rochester</i> State <i>Michigan</i>
CIRCLE GRADE:	6 <i>(7)</i> 8 9 10 11 12	SCHOOL:	<i>Rochester Middle School</i>		

### 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: <i>5'11"</i>	Weight: <i>130</i>	Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	BP: <i>115/85</i>	Pulse: <i>62</i>	Vision: R <i>20/40</i> L <i>20/30</i>	Corrected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS		
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	<input checked="" type="checkbox"/>		Neck	<input checked="" type="checkbox"/>			
Eyes/Ears/Nose/Throat: Pupils Equal Hearing	<input checked="" type="checkbox"/>		Back	<input checked="" type="checkbox"/>			
Lymph Nodes	<input checked="" type="checkbox"/>		Shoulder/Arm	<input checked="" type="checkbox"/>			
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)	<input checked="" type="checkbox"/>		Elbow/Forearm	<input checked="" type="checkbox"/>			
Pulses: Simultaneous femoral and radial pulses	<input checked="" type="checkbox"/>		Wrist/Hand/Fingers	<input checked="" type="checkbox"/>			
Lungs:	<input checked="" type="checkbox"/>		Hip/Thigh	<input checked="" type="checkbox"/>			
Abdomen	<input checked="" type="checkbox"/>		Knee	<input checked="" type="checkbox"/>			
Genitourinary (Males Only)	<input checked="" type="checkbox"/>		Leg/Ankle	<input checked="" type="checkbox"/>			
Skin: HSV, lesions suggestive of MRSA, tinea corporis	<input checked="" type="checkbox"/>		Foot/Toes	<input checked="" type="checkbox"/>			
Neurologic:	<input checked="" type="checkbox"/>		Functional: Duck Walk	<input checked="" type="checkbox"/>			

RECOMMENDATIONS: *Clear to participate in all activities*

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

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

SIGNATURE OF EXAMINER: *[Signature]* CIRCLE ONE  MD  DO  PA  NP  
 PRINTED NAME OF EXAMINER: *Tan Chicago, MD* DATE: *6/3/17*

### 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: *John Doe* Date: *6/3/17*  
 Signature of PARENT: *John Doe* Date: *6/3/17*  
 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, *Jim Doe*, an 18 year-old, or the parent or guardian of *John Doe* 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: *[Signature]* DATE: *6/3/17*