

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



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

GENERAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		

HEART HEALTH QUESTIONS ABOUT YOU	Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
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)?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Do you regularly use a brace, orthotics or other assistive device?		
Do you have a bone, muscle or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or lock red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		

FEMALES ONLY (Optional)	Y	N
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

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

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
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/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: \_\_\_\_\_



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

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

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

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.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

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

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: 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.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

**ATHLETE/PARENT RESPONSIBILITY ACKNOWLEDGEMENT FORM  
NORTHWEST SCHOOL DISTRICT**

\_\_\_\_\_  
Athlete's Name (Please Print)

\_\_\_\_\_  
Sport(s)

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Parent/Guardian(s) Name(s) with Whom the Student Resides With (Please Print)

\_\_\_\_\_  
Relationship

**PRIOR to participating in any interscholastic sports, each athlete and their parent MUST:**

1. Successfully pass a physical examination by a registered physician. The copy of such examination is turned into the High School Athletic Department (one current physical examination per school year is sufficient for all sports during that school year; the physical must be dated after April 15<sup>th</sup> of that school year to be eligible).
2. Thoroughly read and understand the Northwest Athletic Code of Conduct.

***AS AN ATHLETE AND/OR PARENT OF A NORTHWEST SCHOOL DISTRICT STUDENT-ATHLETE WHO IS VOLUNTARILY PARTICIPATING IN INTERSCHOLASTIC ATHLETICS:***

1. As a student-athlete and parent of an athlete, I will abide by the Northwest School District Student Code of Conduct as well as the Northwest School District Athletic Code of Conduct, the rules set forth by the coach for their team and the MHSAA rules.
2. I have been properly advised, cautioned and warned by administrative or coaching personnel of the Northwest School District that I am exposing myself/my child to the risk of injury, including (but not limited to) the risk of sprains, fractures, ligament and/or cartilage damage and concussions. Such injuries could result in a temporary (or permanent), partial (or complete) impairment in the use of their limbs, brain damage, paralysis or even death. Having been cautioned and warned, I still wish to have myself/my child participate in sports. I do so with full knowledge and understanding of the risk and injury and will not hold Northwest Schools liable for any cost incurred from said injuries.
3. **We certify that the student-athlete is covered by medical insurance.**
4. As a student-athlete and parent of an athlete, I understand that I represent their team and Northwest Schools on and off of the field, therefore I will conduct myself in an exemplary social manner at all times (24/7/365). I am a role model to those around me and will conduct myself as so at practices, games and athletic functions whether they are at Northwest High School or their opponents.
5. As a student-athlete and parent of an athlete, I will be responsible for all athletic equipment issued by the school throughout each season. I will return such equipment at the end of the season. If lost or damaged, I agree to pay the current replacement cost of any equipment not accounted for at the end of the season and acknowledge that I will not be able to participate in another sport until such fee/fine is taken care of.
6. I understand that competing on a Northwest Athletic Team is a privilege and student-athletes and their parents will be held to a higher standard of conduct than regular students.
7. As a student-athlete and parent of an athlete, I understand that the student-athlete will not be eligible to participate in athletics if they do not pass a minimum of 4 classes (HS) and 5 classes (MS) in the previous trimester. I also understand that the student-athlete must be passing 4 of their 5 (HS) and 5 of their 6 (MS) classes and maintain a 2.00 gpa at all times to be eligible.
8. As a student-athlete and the parent of an athlete, I have read and understand the Northwest Athletic Code of Conduct and the Athlete/Parent Responsibility Acknowledgement Form. I agree to uphold the values and rules set forth within these documents.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date