

**2017-2018
PHYSICAL EXAM & CLEARANCE & CONSENT FORMS
GLHS ATHLETIC DEPARTMENT**

Name _____ Grade in _____ Date _____
Fall 17-18 _____ of Birth _____
Last First M.I Home
Address _____ Phone _____ Sex _____ Age _____
Street City Zip
Father/Guardian's Name _____ Work/Cell Phone _____
Mother/Guardian's Name _____ Work/Cell Phone _____

INSURANCE STATEMENT

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

Family Insurance Co. _____ Contract# _____

Signature of Parent or Guardian _____

MEDICAL TREATMENT CONSENT & STUDENT PARTICIPATION & PARENT OR GUARDIAN CONSENT

I, _____, the parent of 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 circumstance.

I 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; and I understand the possibility that serious injury may result from participating in athletic activities.

I hereby consent to allow all medical information related to this physical examination and any subsequent treatment as is necessary for the determination of eligibility to play to be released or reviewed by the Athletic Department at my designated High School.

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 Dept 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 activities, which risk I/we assume; and that I/we agree to, and hereby, waive any and all claim, 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.

**Signature of Parent of
Guardian** _____

Date _____

In an emergency, contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

My family doctor is _____ Phone _____

Please detail any special medical information (allergies, known drug reactions, current prescribed medication, etc.)

ALL 3 PAGES OF THIS FORM MUST BE RETURNED TO THE ATHLETIC OFFICE BEFORE PRACTICING WITH ANY ATHLETIC TEAM

Pre-participation Physical Exam

STUDENT PARTICIPATION

This application to participate in athletics at Gull Lake Community Schools is voluntary on my part and is made with the understanding that I have never received money or merchandise in any amount, or any emblematic award worth more than twenty-five dollars (\$25.00) for participating in athletic events, and that I have never competed under an assumed name. After I have represented my school in any sport, I promise not to compete in any outside athletic contest in this sport until after the high school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the MHSAA, such as those previously mentioned above as examples but which do not present all the policies to which I am subject. I have read the current Gull Lake Athletic Code as found on the district website and do agree to abide by its content.

Signature of
Student _____

Date _____

PARENT OR GUARDIAN CONSENT

As a parent or guardian, I am aware that there is always the potential for physical injury as a result of participation in inter-scholastic athletics. I hereby give my consent for the above named student to engage in inter-scholastic athletics at GLHS or GLMS in MHSAA approved sports during the current school year and to accompany the team as a member on its out-of-town trips. I understand that, on most occasions, school transportation will only be provided to an event. I understand that I am responsible to provide transportation home from an athletic event and that the school can assign my child to another adult driver if necessary. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district, the athletic code of conduct as found on the districts website, and the MHSAA.

I give Gull Lake Community Schools permission to provide to the media photos of my son/daughter and to include them in local or district publications.

Signature of Parent or
Guardian _____

Date _____

MEDICAL HISTORY . Explain your "yes" answers in space provided at the bottom.

Past Medical History

HISTORY Instructions: Check 'Yes' or 'No' next to the questions below. Explain 'Yes' answers in the space provided at the bottom.

Past Medical History

Yes No

- Have you had a medical illness (other than cold or flu) since your last sports physical?
- Have you had a serious injury (sports related or not) since your last sports physical?
- Do you have any ongoing or chronic illnesses?
- Have ever had any major surgery (other than tonsillectomy, adenoidectomy, or tooth extraction)?
- Are you aware of any missing paired organs (ie. Eye, kidney, lung, or male/female genitalia)?

Medications, Supplements, and Allergies

- Are you currently taking any prescription medications?
- Has a doctor ever prescribed a mouth or nose inhaler?
- Are you currently taking any non-prescription or "over-the-counter" medications?
- Have you ever taken (or are you currently taking) any supplements to improve your performance?
- Have you ever taken (or are you currently taking) supplements to lose or gain weight?
- Do you have any allergies to medication?
- Do you have environmental allergies (ie. Molds, pollens, grass, or insects etc.)?
- Have you every developed hives or skin rash during or after exercise?

Cardiovascular

- Have you ever passed out during or after exercise?
- Have you ever been "dizzy" during or after exercise?
- Have you ever had chest pain during or after exercise?
- Do you get tired more quickly than your friends do during exercise?
- Have you ever had racing of your heart?
- Have you ever had your heart skip a beat during or after exercise?
- Has anyone ever told you that you have high blood pressure?
- Have you ever been told you have a heart murmur?
- Has anyone in your family died suddenly before the age of 50?
- Have you recently had a infection with a fever?
- Has a doctor ever denied or restricted your participation in sports for any heart problems?

Skin Problems

- Do you currently have any open, bleeding, oozing skin lesions or sores?
- Are you currently being treated for any skin disorders [acne, warts, infection, itching, rash, skin color change, or blisters]?

Neurological

Yes No

- Have you ever had a concussion or head injury?
- Have you ever been "knocked-out", been unconscious, or lost your memory?
- Have you ever had a seizure?

- Do you have frequent or severe headaches made worse by exercise?
- Have you ever had numbness or tingling in your arms, hands, legs or feet?
- Have you ever experienced a "stinger", "burner", or pinched nerve?

Heat Exposure

- Have you ever become ill during or after exercising in the heat?
- Have you had recurrent heat related cramps?
- Have you ever passed out in the heat?

Pulmonary

- Do you cough, wheeze, or have trouble breathing during or after activity?
- Do you have asthma?

Musculoskeletal

- Do you use any protective or corrective braces (ie. knee brace, ankle brace, back brace, or neck roll) for sports?
- Have you had any sprains, strains or swelling after an injury?
- Have you had any fractured or broken bones?
- Have you had any dislocated joints?

Eyes and Vision

- Have you had any problems with your eyes or vision?
- Do you wear glasses, contacts, or protective eyewear?

Weight

- Are you trying to lose weight?

Immunizations

- Are your immunizations current?
- Have you had a tetanus shot in the last 5 to 10 years?
- Have you had chicken pox?

Females

- Did your menstrual periods begin more than 3 years ago?
- Do you have more, or less, than 10 menstrual periods in a year?
- Do your menstrual periods ever go away or stop when you exercise?

PHYSICAL EXAMINATION

NAME: _____ Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Vision Corrected: _____ Pupils: Equal _____ Unequal _____

	Normal	Abnormal
Appearance		
Eyes, Ears, Nose, Throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		

	Normal	Abnormal
Neck		
Back		
Shoulder, Arm		
Elbow, Forearm		
Wrist, Hand		
Hip, Thigh		
Knee		
Leg, Ankle		
Foot		

CLEARANCE

- Cleared for all sports without restriction.
- Cleared after completing evaluation or rehabilitation for: _____

- Not Cleared for: Contact sports _____ Non-contact sports _____ Dynamic exercise _____ Static exercise _____

Specific sports: _____

Reason: _____

Recommendations: _____

Physician (Print) _____

Date _____

Address _____ Phone _____

Signature _____

Completion of a pre-participation physical examination is not intended to be a substitute for a full physical evaluation by your physician.