

BELDING AREA HIGH SCHOOL ATHLETIC PHYSICAL EXAMINATION FORM

NAME _____ GRADE _____ AGE: _____
Last First 2010 – 2011

ADDRESS: _____
Street City Zip

Father's Name: _____ Work Phone: _____
 Mother's Name: _____ Work Phone: _____
 Home Phone: _____ Date of Birth: _____
 Family Doctor: _____ Office Phone: _____

MEDICAL HISTORY (to be completed by parent/guardian before physical examination)
 FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW:

	YES	NO					
1. Have you ever been hospitalized	_____	_____	7. Have you ever injured (sprained, dislocated, fractured, etc.):				
2. Have you every had surgery	_____	_____	_____ Hand	_____ Shoulder	_____ Thigh		
3. Are you currently taking medication?	_____	_____	_____ Wrist	_____ Neck	_____ Knee		
4. Do you have any allergies (medicines, bees)?	_____	_____	_____ Forearm	_____ Chest	_____ Shin/Calf		
5. Have you ever passed out during exercise?	_____	_____	_____ Elbow	_____ Back	_____ Ankle		
Have you ever been dizzy during exercise	_____	_____	_____ Arm	_____ Hip	_____ Foot		
Have you ever had chest pain?	_____	_____	_____ Leg	_____ Head			
Do you tire more quickly than your friends during exercise?	_____	_____				YES	NO
Have you ever had high blood pressure?	_____	_____	8. Have you ever had heat cramps?			_____	_____
Have you ever been told you have a heart murmur?	_____	_____	Have you every been dizzy or passed out in the heat?			_____	_____
Have you ever had rapid heart rate or skipped beats?	_____	_____					
Has anyone in your family died of heart problems or a sudden death before age 40?	_____	_____	9. Have you ever had:				
6. Do you have any skin problems? (itching, moles)	_____	_____	_____ Mononucleosis	_____ Hepatitis	_____ Asthma		
7. Have you ever had a head injury?	_____	_____	_____ Tuberculosis	_____ Diabetes	_____ Headaches (often)		
Have you ever been knocked out?	_____	_____	_____ Eye injuries	_____ Stomach Ulcer			
Have you ever had a seizure?	_____	_____				YES	NO
Have you ever had a stinger or burner?	_____	_____	10. Do you use special pads or braces?	_____	_____		
			11. When was your last tetanus shot?	_____	_____		
			12. When was your first period?	_____	your last? _____		

EXPLAIN YES ANSWERS HERE:

PARENT / GUARDIAN SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

PHYSICAL EXAMINATION

Height _____ Weight _____ Pulse _____ Blood Pressure _____
 Visual Acuity _____ CV: Pulses _____ Heart _____
 Abdominal _____ Skin _____
 Genitalia _____ Tanner _____
 Musculoskeletal: Neck _____ Shoulder _____
 Elbow _____ Wrist _____ Hand _____
 Back _____ Knee _____ Ankle _____ Foot _____
 Joint Integrity _____

Flexibility _____

Assessment _____

Recommendation _____

CLEARANCE (circle appropriate clearance)

- | | | | |
|--|-------------------------|---------------------------|----------------|
| 1. No restrictions | A. Contact/collision | B. Limited contact/impact | C. Non-contact |
| 1. Strenuous | 2. Moderately strenuous | 3. Nonstrenuous | |
| 2. Cleared after notification of coach, athletic trainer, physician. | | | |
| 3. Clearance deferred until evaluation by a physician | | | |

Doctor's Signature _____

Date _____

PLEASE DO NOT FOLD

BELDING AREA HIGH SCHOOL EMERGENCY INFORMATION AND CONSENT

Student-Athlete Name (Please Print) _____

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than fifteen (\$15) dollars for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I promise not to compete in any outside athletic contest in this sport until after 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 Michigan High School Athletic Association.

PARENT/GUARDIAN CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics, and understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member of its out-of-town trips. I understand that, on some occasions, coaches will assign athletes to ride with SELECTED – APPROVED – ADULT DRIVERS to athletic events in privately-owned vehicles. I further understand that my son/daughter will be expected to adhere firmly to all established policies of the school district and the Michigan High School Athletic Association.

Student-Athlete Signature

Parent/Guardian Signature

PARENT/GUARDIAN TO COMPLETE

Student's Full Name _____ Student's Social Security No. _____

FATHER	MOTHER
Full Name _____	Full Name _____
Social Security # _____	Social Security # _____
Home Phone: _____ Work _____	Home Phone _____ Work _____
Occupation _____	Occupation _____
Employer _____ Self _____	Employer _____ Self _____
Employer Address _____	Employer Address _____
Please complete the following even if there are no benefits.	
YES NO	YES NO
Does your employer provide group insurance? _____	Does your employer provide group insurance? _____
Do you subscribe ? _____	Do you subscribe? _____
Do you subscribe to an individual plan? _____	Do you subscribe to an individual plan? _____
Does your plan offer dependent coverage? _____	Does your plan offer dependent coverage? _____
Is this student covered by your plan? _____	Is this student covered by your plan? _____
INDIVIDUAL ___ GROUP POLICY ___ HMO/PPO ___	INDIVIDUAL ___ GROUP POLICY ___ HMO/PPO ___
Name of Insurance Plan _____	Name of Insurance Plan _____
Mailing Address _____	_____
City/State/Zip _____	City/State/Zip _____
Telephone # _____	Telephone # _____
Certificate/Policy # _____	Certificate/Policy # _____
Group # _____	Group # _____
Amount of Deductible _____	Amount of Deductible _____
If you are employed, but your dependent is not covered under your employer's plan, a letter to this effect from your employer is required.	If you are employed, but your dependent is not covered under the Employer's plan, a letter to that effect from your employer is required.

EMERGENCY INFORMATION

(To be completed by Parents)

Student's Name _____ Grade _____
In Emergency, contact: _____ Phone _____ or _____ Phone _____

My family doctor is _____
Please detail any special medical information (allergies, known Drug reactions, current prescribed medication, etc.)

Parent / Guardian Signature

MEDICAL TREATMENT CONSENT

(To be completed by Parents)

I, _____, the

parent / 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, including hospital care as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

DATE: _____

Parent / Guardian Signature

PLEASE DO NOT FOLD