

Hackett Catholic Central High School Pre-Participation Physical
August 5, 2010 6 p.m. (\$25 is required at the time of the exam)

Name _____ Date of Birth _____ Age ____ Sex ____ Grade ____

Father's/Guardian's Name _____ Mother's/Guardian's Name _____

Home Address _____ Home Phone _____ Work 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 or 18-Year-Old _____

PHYSICAL EXAMINATION (following section filled out by Physician)

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____ Vision Corrected: _____ Pupils: Equal _____ Unequal _____

| | Normal | Abnormal |
|--------------------------|--------|----------|
| Appearance | | |
| Eyes, Ears, Nose, Throat | | |
| Lymph nodes | | |
| Heart | | |
| Pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitalia | | |
| 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) _____

Address _____ Phone _____

Signature _____ Date _____

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

I hereby consent to allow all medical information to be released or reviewed by the Athletic Department at my designated school.

Signature of athlete or parent/legal guardian: _____ Date: _____

MEDICAL TREATMENT CONSENT – To be 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.

Signature of Parent or Guardian or 18-year-old _____ Date _____

In Case of Emergency, Contact

Name _____ Relationship _____ Phone _____ Athlete's Physician _____

Name _____ Relationship _____ Phone _____

***Past Medical History- MUST be completed PRIOR to seeing the physician including parental signatures.**

HISTORY Instructions: Circle the number next to any questions that are yes. Explain your “yes” answers in space provided at the bottom.

Past Medical History

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

Medications, Supplements, and Allergies

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

Cardiovascular

14. Have you ever passed out during or after exercise?
15. Have you ever been “dizzy” during or after exercise?
16. Have you ever had chest pain during or after exercise?
17. Do you get tired more quickly than your friends do during exercise?
18. Have you ever had racing of your heart?
19. Have you ever had your heart skip a beat during or after exercise?
20. Has anyone ever told you that you have high blood pressure?
21. Have you ever been told you have a heart murmur?
22. Has anyone in your family died suddenly before the age of 50?
23. Have you recently had a infection with a fever?
24. Has a doctor ever denied or restricted your participation in sports for any heart problems?

Skin Problems

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

Neurological

27. Have you ever had a concussion or head injury?
28. Have you ever been “knocked-out”, been unconscious, or lost your memory?
29. Have you ever had a seizure?
30. Do you have frequent or severe headaches made worse by exercise?
31. Have you ever had numbness or tingling in your arms, hands, legs or feet?
32. Have you ever experienced a “stinger”, “burner”, or pinched nerve?

Heat Exposure

33. Have you ever become ill during or after exercising in the heat?
34. Have you had recurrent heat related cramps?
35. Have you ever passed out in the heat?

Pulmonary

36. Do you cough, wheeze, or have trouble breathing during or after activity?
37. Do you have asthma?

Musculoskeletal

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

Eyes and Vision

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

Weight

44. Are you trying to lose weight?

Immunizations

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

Females

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

I hereby acknowledge that the answers to these above questions are complete and correct.

Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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 negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after the school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

SIGNATURE OF STUDENT

DATE

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

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. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school and the Michigan High School Athletic Association.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD

DATE