

**FOREST HILLS PUBLIC SCHOOL  
Athletic Department**

- Central MS
- Eastern MS
- Northern Hills MS
- Central HS
- Northern HS
- Eastern HS

**Physical Examination and Athletic Information Form**

**Athlete Information**

Name: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_  
 Date of birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_ Graduation year: \_\_\_  
 Sport(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_  
 Hospital of choice: \_\_\_\_\_  
 Guardian 1: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Guardian 2: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Family doctor: \_\_\_\_\_ Office #: \_\_\_\_\_

**Vital Signs and Review of Systems**

(To be completed by physician)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Pulse: \_\_\_\_\_ BP: \_\_\_\_\_/\_\_\_\_\_  
 Vision: R: \_\_\_/\_\_\_ L: \_\_\_/\_\_\_  
                     Corrected       Uncorrected   
 Glasses? Yes  No       Contacts? Yes  No

**Health History Information**

(To be completed by parent/guardian)

Has your son/daughter had or do they have any of the following:

	Yes	No
Head injury-concussion/loss of consciousness		
Dizziness/fainting		
Seizure		
Frequent or severe headaches		
Dental problems		
Allergies-medical and/or seasonal		
High blood pressure		
Racing/Skipping heart beats		
Heart murmur		
Asthma		
Trouble breathing during exercise		
Kidney problems		
Sickle-Cell Anemia		
Hernia		
Diabetes		
Currently taking any medication		
Sprain/strain		
Location: _____		
Broken bone/dislocation of joint		
Location: _____		

Examination	NL	Abnormal Findings
Eyes/Ears/Nose/Throat		
Neck/Back		
Cardiac		
Chest & Lungs		
Abdomen		
Lymph Nodes		
Musculoskeletal		
Shoulder/Arm		
Wrist/Hand/Finger		
Hip/Thigh		
Knee		
Ankle/Foot		
Findings: General medical:		
Musculoskeletal:		
Clearance: <input type="checkbox"/> Cleared <input type="checkbox"/> Not cleared		
Restrictions:		

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Recent Tetanus Booster? Yes  Date: \_\_\_\_\_ No   
 Current medications/inhalers: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Epi Pen: Yes  No

Physician's Office Address: \_\_\_\_\_  
 \_\_\_\_\_

Physician's Phone \_\_\_\_\_

## Student Participation

Adapted from MHSAA Physical

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) 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 my 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, such as those previously mentioned above as examples, but which do not present all the policies to which I am subject.

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Student's Signature

Date

## Consent to Treat for High School Athletes

I hereby authorize Forest Hills Public Schools' Sports Medicine Staff (this is to include the Certified Athletic Trainer and Sideline Physician) to evaluate and treat any injuries/illness that occur as a result of my child's participation in athletics. This includes all reasonable and necessary preventative care, first aid, treatment, and rehabilitation for these injuries/illnesses. Furthermore, I grant permission to the Certified Athletic Trainer, Team Physician, and Health Services Staff to share information, written and verbally, pertaining to injuries/illness affecting my child's participation status in athletics with each other, the coaching staff, and necessary administration personnel.

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Parent's/Guardian's Signature

Date

## FERPA/HIPAA Consent

Adapted from MHSAA Physical

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 district and the Michigan High School Athletic Association.

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Parent's/Guardian's Signature

Date