



PHYSICAL EXAMINATION CLEARANCE FORM

This form must be on file in the school before practicing with any athletic team

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F

Address: _____

Home Telephone: _____ - _____ - _____

School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box)

- (1) Participate in all school interscholastic activities without restrictions.
- (2) Not cleared for: All Sports Specific Sports _____

Cross out specific sports below not cleared for participation.

Sport classification based on contact:

Collision Contact Sports		Limited Contact Sports			Non-contact Sports	
Basketball	Ice Hockey	Baseball	Alpine Skiing	Track Field Events	Bowling	Track Running
Boys Lacrosse	Soccer	Competitive Cheer	Girls Softball	High Jump	Cross Country	Track Field Events
Diving	Wrestling	Girls Lacrosse		Pole Vault	Golf	Discus
Football		Girls Gymnastics		Girls Volleyball	Swimming	Shot Put
					Tennis	

Sport classification based on intensity and strenuousness:

High Intensity High-to-Moderate Dynamic High-to-Moderate Static		High Intensity High-to-Moderate Dynamic Low Static		High Intensity Low Dynamic High-to-Moderate Static	Low Intensity Low Dynamic Low Static
Alpine Skiing	Track Events - Distance	Baseball	Swimming	Girls Competitive	Bowling
Cross Country	Track Events - Sprint	Lacrosse (Boys and Girls)	Tennis	Cheer	Golf
Football	Wrestling	Soccer	Girls Volleyball	Diving	
Ice Hockey		Girls Softball		Field Events	
				Girls Gymnastics	

- (3) Requires further evaluation before a final recommendation can be made.
Additional recommendations for the school or parents: _____

I have examined the above named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Examiner Signature: _____ Date of Exam: _____

Print Examiner Name: _____

Address: _____

Office Telephone: _____ - _____ - _____

COPY BOTH SIDES OF THIS SHEET FOR THE STUDENT TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE FORM IN THE STUDENTS MEDICAL RECORD

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

EMERGENCY INFORMATION FOR: _____ Grade: _____

Allergies – Drug Reactions – Current Medications: _____

Other Special Medical Information: _____

Emergency Contact: _____ Relationship: _____

Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

Personal Physician _____ Office Telephone _____ - _____ - _____



INFORMATION & CONSENT FORM

To be completed by parent/guardian or 18 year old or older student-athlete; please take time to complete the form to ensure the good health and safety of the student-athlete
 Must be signed in **four (4)** places by parent/guardian or 18 year old or older student-athlete (Below and on page 3)
 The exam date must be performed **on or after April 15th** to be valid for the following school year
 The first two pages, Clearance Form and Information & Consent Form, must be kept on file with school athletic department

Student Name:		
Last	First	Middle Initial
Sex: _____	Grade: _____	Age: _____ Date of Birth: _____
School: _____		Sport(s): _____
Student's Address: _____		
Street	City	Zip
Father's/Guardian Name: _____		
Phone (home): _____	(work): _____	(cell): _____
Mother's/Guardian Name: _____		
Phone (home): _____	(work): _____	(cell): _____

SIGNATURES CONSENTING TO CONDITIONS OF PARTICIPATION

STUDENT DISCLOSURE AND ACCEPTANCE OF CONDITIONS TO PARTICIPATE: 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 certificate 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 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.

Signature of STUDENT: _____ **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: _____ Contract # _____

CONSENT TO DISCLOSURE: 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.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD **Date** _____ 

MEDICAL TREATMENT CONSENT: 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** _____ 