

SALINE AREA SCHOOLS – 2008-09
PRE-PARTICIPATION SCREENING EXAMINATION

Student's Last Name: _____ First Name: _____ MI: _____

Address: _____ City, State: _____ ZIP: _____

Home Phone: _____ (circle one) Middle / High School

Grade in Fall 2008: _____ **Date of Birth:** ___ / ___ / ___ **Age:** _____ (circle one) Male / Female

Please list the sports in which you may participate: _____

Mother's Printed Name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Father's Printed Name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

| <u>EMERGENCY CONTACTS</u> (OTHER THAN PARENT/GUARDIAN) | <u>HEALTH INSURANCE INFORMATION</u> |
|--|---|
| Name: _____ | Primary: _____ |
| Work Phone: _____ | Hospital of preference if child is injured in the area: _____ |
| Home Phone: _____ | Family Physician: _____ |
| Other Phone: _____ | Physician Office Phone: _____ |

EXAMINATION

Height: _____' _____" **Weight:** _____ lbs. **Vision: (R) 20/** _____ **(L) 20/** _____ **(B) 20/** _____

Blood Pressure: _____ / _____ **Pulse:** _____

Cardiopulmonary Exam

_____ Normal _____ Abnormal Explain: _____

Hernia Exam (Males only)

_____ Normal _____ Abnormal Explain _____

Musculoskeletal Exam

_____ Normal _____ Abnormal Explain _____

Other (Please Explain) _____

Recommendation:

_____ Pass. I certify that I have reviewed the history and examined the above student as being able to compete in supervised athletic activity.

_____ Deferred until following conditions are met: _____

Physician Signature: _____ Date: _____

Physician Printed Name: _____

(Physical examination for the 2008-09 school year must be dated after April 15, 2008.)

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SPORTS PHYSICALS
PARENT CONSENT & MEDICAL HISTORY

Student's Name _____
Grade in Fall 2008 _____

I give permission for my child to undergo a sports pre-participation screening exam and to participate in sports. Although this exam is important and necessary, be aware that it should NOT take the place of a yearly exam by your child's regular physician if available. This is a screening exam and rare or occult diseases can occur despite a thorough screening exam. Failure to honestly answer all screening questions can result in undo risk to the athlete with potentially dire consequences. **Please explain all questions answered with "Yes".**

Have you ever passed-out during exercise? _____

Have you ever been dizzy during exercise? _____

Have you ever had chest pain during exercise? _____

Do you tire more quickly than your friends? _____

Have you ever felt your heart racing or skipping beats? _____

Have you ever had high blood pressure? _____

Have you ever been told you have a heart murmur? _____

Has anyone in your family died or heart problems before the age of 50? _____

Do you have asthma or allergies? _____

Do you have a chronic illness or condition? _____

Do you take any medications regularly? _____

Do you have only one of any paired organs (such as eyes, kidneys, etc)? _____

Do you consider your current weight ideal? _____ If not, what do you consider your ideal weight to be? _____

Have you had an injury which prevented you from participating in sports within the last year? _____

For females only: How old were you when you had your first period? _____ years old

Do you have regular monthly periods? _____

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. I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as 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 (MHSAA).

X _____
SIGNATURE OF PARENT, GUARDIAN, OR
18-YEAR-OLD

DATE

Name (Printed) _____

