

MILAN AREA SCHOOLS ATHLETIC PHYSICAL / MEDICAL RECORD 2016/2017

This form **MUST** be on file in the Athletic Office **BEFORE** the student practices with any team.

DUE DATE: FALL—Girls Golf: Aug 7, Football, Cheer, Cross Country, Boys Soccer, Volleyball, Girls Swim, & Boys Tennis : Aug 11th
WINTER: Girls Basketball Nov 10, Boys Basketball & Wrestling: Nov 17th Bowling Nov 20, Boys Swim: Nov 24th
SPRING: Baseball, Softball, Girls Soccer, Tennis, and Track & Field, Boys Golf: Mar 9th

PHYSICAL EXAMINATION - TO BE COMPLETED, SIGNED, AND DATED BY A PHYSICIAN

Student / Athlete name: _____ Birth Date: _____

Primary Care Physician: _____ Grade 2016/17 yr: _____

Address: _____ Office Phone: _____

CIRCLE THE APPROPRIATE NUMBER IF THIS STUDENT HAS HAD ANY OF THE FOLLOWING:

- | | | | |
|-------------------------|---------------------|--------------------------|-----------------------------|
| 1. Perforated Ear Drum | 12. Heart Surgery | 23. Internal Injuries | 34. Head Injuries |
| 2. Draining Ear | 13. Pneumonia | 24. Appendectomy | 35. Undescended Testicle |
| 3. Ear Surgery | 14. Tuberculosis | 25. Hernia | 36. Operation on Testicle |
| 4. Mastoid Surgery | 15. Asthma | 26. Hernia Repair | 37. Kidney Trouble |
| 5. Hearing Loss | 16. Chest Pain | 27. Neck Injuries | 38. Diabetes |
| 6. Epilepsy | 17. Short of Breath | 28. Shoulder Injuries | 39. Blood in Urine |
| 7. Convulsions | 18. Punctured Lung | 29. Elbow Injuries | 40. Protein in Urine |
| 8. Rheumatic Fever | 19. Lung Disease | 30. Wrist Injuries | 41. Reaction/Insect Bites |
| 9. Heart Disease | 20. Hepatitis | 31. Knee Problem | 42. Broken bones- list all: |
| 10. Heart Murmur | 21. Infectious Mono | 32. Ankle Problem | _____ |
| 11. High Blood Pressure | 22. Peptic Ulcer | 33. Frequent Sore Throat | _____ |

Height: _____ Weight: _____ Blood Type: _____ Date of last tetanus shot: _____

Allergy to medications: _____ Presently on medication? _____

Vision: (R) _____ (L) _____ Does student wear glasses? _____ Contact Lenses? _____

EMT _____ Lungs _____ Philological _____ Urinalysis? _____

_____ Chest _____ Back & Neck _____ Blood _____

B.P. _____ Abdomen _____ Upper Extremities _____ Protein _____

Heart _____ Genitalia _____ Lower Extremities _____ Sugar _____

Physical conditions or limitations of which athletic or medical personnel should be aware: _____

Doctor's signature: _____ **Date:** _____

DATE OF PHYSICAL MUST BE ON OR AFTER APRIL 15, 2016.

STUDENT PARTICIPATION AGREEMENT

This application to participate in interscholastic 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 \$15.00 for participating in an athletic event. I have never competed under an assumed name. After I have represented Milan High School/Middle School in any sport, I promise not to compete in any outside athletic contests in that sport until after the high school/middle school season has been completed. I understand that by participating in a sport I am exposing myself to the risk of serious injury, up to and including death. I, also understand that I am expected to adhere firmly to all established athletic policies of my coach, the Milan High School Athletic Department, the Milan Area Schools, and the Michigan High School Athletic Association. I understand the Milan Athletic Code and agree to accept the responsibilities and obligations required to participate in the Milan Athletic Program. My coach has reviewed the material with me.

Sports in which I would like to participate: _____

Student/Athlete: _____ **Date:** _____