



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

STUDENT'S NAME: LAST	STUDENT'S NAME: FIRST	SEX	GRADE	DATE OF BIRTH	AGE
SHAW	Aubrey L.	F	8	10/26/94	14
STUDENT'S ADDRESS: STREET	CITY	ZIP			
14625 Wacousta Rd.	Grand Hedge MI	48837			
FATHER'S / GUARDIAN'S NAME	WORK PHONE	MOTHER'S / GUARDIAN'S NAME	WORK PHONE		
Kevin Shaw	372-8650	Shawna M. Shaw	374-3610		
FAMILY DOCTOR	OFFICE PHONE	HOME PHONE			
MSU Pediatrics	321-7711	517-626-2802			

INSURANCE STATEMENT & MEDICAL HISTORY

Our son/daughter will comply with the specific insurance regulations of the school district.

• Family Insurance Co. PHP

• Contract # 977170513

• Signature of Parent or Guardian or 18-Year-Old: Shawna M Shaw

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Do you now have:		
Fainting		✓	Kidney Disease		✓	Painful Joints		✓
Diphtheria		✓	Tuberculosis		✓	Backaches		✓
Scarlet Fever		✓	Jaundice		✓	Pounding of Heart		✓
Rheumatism		✓	Sickle-Cell Anemia		✓	Shortness of Breath		✓
Rupture		✓				Frequent Urination		✓
Rheumatic Fever		✓				Cough		✓
			Do you now have:					
Poliomyelitis		✓	Blurred Vision		✓	Nosebleeds		✓
Pneumonia		✓	Headaches		✓	Frequent Sore Throats		✓
Asthma		✓	Fainting		✓	Stomach Pains		✓
Diabetes		✓	Convulsions		✓			
Heart Disease		✓	Blackouts		✓			

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis	NP		Thyroid	X	
Vision	X		Chest	X	
Blood Pressure	X		Lungs	X	
Pulse Rate	X		Heart	X	
Ears	X		Abdomen	X	
Nose	X		Hernia	NP	
Throat	X		Genitalia / Testicular Exam	NP	
Teeth - Cavities	X		Neurologic	X	
Orthopedic	X		Muscular	X	

RECOMMENDATIONS:

play without restriction

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

SIGNATURE OF EXAMINER: X Nicole Drake CIRCLE ONE: MD DO PA NP
PRINTED NAME OF EXAMINER: Nicole Drake PA DATE: 4/3/09

MEDICAL TREATMENT CONSENT

To be completed by Parent or Guardian or 18-year-old

I, Shawna M. Shaw, an 18-year-old, or the parent or guardian of Aubrey L. Shaw, 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

x Shawna M. Shaw

4-10-09



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STUDENT'S NAME: LAST	FIRST	SEX	GRADE	DATE OF BIRTH	AGE
SHAW	Carlissa	F	10	10/25/92	16
STUDENT'S ADDRESS: STREET	CITY	ZIP			
14625 Wacousta Rd.	Gr Ledge MI	48837			
FATHER'S / GUARDIAN'S NAME	WORK PHONE	MOTHER'S / GUARDIAN'S NAME	WORK PHONE		
Kevin A. Shaw	342-8450	Shawna M. Shaw	749-3610		
FAMILY DOCTOR	OFFICE PHONE	HOME PHONE			
msu Pediatrics	321-7711	517-624-2802			

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- Contract # 977170513
- Signature of Parent or Guardian or 18-Year-Old: Shawna M Shaw

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Do you now have:		
Fainting		✓	Kidney Disease		✓	Painful Joints		✓
Diphtheria		✓	Tuberculosis		✓	Backaches		✓
Scarlet Fever		✓	Jaundice		✓	Pounding of Heart		✓
Rheumatism		✓	Sickle-Cell Anemia		✓	Shortness of Breath		✓
Rupture		✓				Frequent Urination		✓
Rheumatic Fever		✓				Cough		✓
			Do you now have:					
Poliomyelitis		✓	Blurred Vision		✓	Nosebleeds		✓
Pneumonia		✓	Headaches		✓	Frequent Sore Throats		✓
Asthma		✓	Fainting		✓	Stomach Pains		✓
Diabetes		✓	Convulsions		✓			
Heart Disease		✓	Blackouts		✓			

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SIGNATURE OF EXAMINER: X Nicole Drake RN CIRCLE ONE: MD DO PA NP
PRINTED NAME OF EXAMINER: Nicole Drake RN DATE: 4/3/09

MEDICAL TREATMENT CONSENT

To be completed by Parent or Guardian or 18-year-old

I, Shawna Shaw, an 18-year-old, or the parent or guardian of Carlissa Shaw, 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
X Shawna M Shaw | 4-10-09