



## 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 LAST NAME:	SHAW	STUDENT'S FIRST NAME:	Aubrey L.	SEX:	F	GRADE:	8	DATE OF BIRTH:	10/26/94	AGE:	14
STUDENT'S STREET ADDRESS:	14625 Wacousta Rd. Grand Ledge MI 48837										
FATHER'S/GUARDIAN'S NAME:	Kevin Shaw	WORK PHONE:	372-8650	MOTHER'S/GUARDIAN'S NAME:	Shawna M. Shaw	WORK PHONE:	3749-3610				
FAMILY DOCTOR:	msu Pediatrics	OFFICE PHONE:	321-7711	HOME PHONE:	517-626-2802						

## INSURANCE STATEMENT &amp; 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 &amp; 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:

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 - GYMNASTICS - 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 *Nilolda Drake PAC* CIRCLE ONE: MD DO PA NPPRINTED NAME OF EXAMINER: *Nilolda Drake PAC* 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 LAST NAME:	SHAW	FIRST:	Carlissa	SEX:	F	GRADE:	10	DATE OF BIRTH:	10/25/92	AGE:	16
STUDENT'S STREET ADDRESS:	14625 Wacousta Rd. Gr Ledge MI 48837					CITY:		ZIP:			
FATHER'S / GUARDIAN'S NAME	Kevin A. Shaw 342-8650			WORK PHONE	Shawna M. Shaw 749-3610			MOTHER'S / GUARDIAN'S NAME			
FAMILY DOCTOR	msu Pediatrics 321-7711			OFFICE PHONE	517-624-2802			HOME PHONE			

**INSURANCE STATEMENT & MEDICAL HISTORY**

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

- Family Insurance Co. PHP
- Contract # 9M7170513
- 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	<input checked="" type="checkbox"/>		Kidney Disease	<input checked="" type="checkbox"/>		Painful Joints	<input checked="" type="checkbox"/>	
Diphtheria	<input checked="" type="checkbox"/>		Tuberculosis	<input checked="" type="checkbox"/>		Backaches	<input checked="" type="checkbox"/>	
Scarlet Fever	<input checked="" type="checkbox"/>		Jaundice	<input checked="" type="checkbox"/>		Pounding of Heart	<input checked="" type="checkbox"/>	
Rheumatism	<input checked="" type="checkbox"/>		Sickle-Cell Anemia	<input checked="" type="checkbox"/>		Shortness of Breath	<input checked="" type="checkbox"/>	
Rupture	<input checked="" type="checkbox"/>					Frequent Urination	<input checked="" type="checkbox"/>	
Rheumatic Fever	<input checked="" type="checkbox"/>					Cough	<input checked="" type="checkbox"/>	
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Asthma	<input checked="" type="checkbox"/>		Headaches	<input checked="" type="checkbox"/>		Frequent Sore Throats	<input checked="" type="checkbox"/>	
Diabetes	<input checked="" type="checkbox"/>		Fainting	<input checked="" type="checkbox"/>		Stomach Pains	<input checked="" type="checkbox"/>	
Heart Disease	<input checked="" type="checkbox"/>		Convulsions	<input checked="" type="checkbox"/>				
			Blackouts	<input checked="" type="checkbox"/>				

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Ears	<input checked="" type="checkbox"/>		Abdomen	<input checked="" type="checkbox"/>	
Nose	<input checked="" type="checkbox"/>		Hernia	NP	
Throat	<input checked="" type="checkbox"/>		Genitalia / Testicular Exam	NP	
Teeth - Cavities	<input checked="" type="checkbox"/>		Neurologic	<input checked="" type="checkbox"/>	
Orthopedic	<input checked="" type="checkbox"/>		Muscular	<input checked="" type="checkbox"/>	

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.

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GYMNASTICS - 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 PA

CIRCLE ONE:

MD DO PA NP

PRINTED NAME OF EXAMINER:

Nicole Drake PA

DATE:

4/30/09

**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

Shawna M Shaw

DATE

4-10-09