

2011-2012 ANN ARBOR MIDDLE SCHOOL ATHLETIC MEDICAL RECORD

(This form **MUST** be on file in the Athletic Office **BEFORE** the student practices with any team. **NO EXCEPTIONS**)

Student's Name: _____ SCHOOL _____

last name PLEASE PRINT first name

Address: _____ e-mail _____

street city zip code

Date of Birth: _____ Age: _____ Grade: 6 7 8 Sex: M/F

Month-day-year (i.e. 9/16/10) (as of 9-1-11)

Which Sports Do You Intend to Play? Please Circle.

Season 1	Season 2	Season 3	Season 4	Season 5
Soccer	Wrestling	Boys Basketball	Volleyball	Track
Field Hockey	Girls Basketball	Synchro Swimming		Softball
Cross Country		Swim Team (2/6 - 3/30)		Baseball
				Tennis (6 th Grade)

Parent or Guardian's Name: _____ Home Phone: _____

Mother's Work/Cell Phone: _____ Father's Work/Cell Phone: _____

Family Physician: _____ Preferred Hospital: _____

Family Health Insurance Company/Contract & Policy Numbers: _____

Circle the appropriate numbers 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. Frequent sore throat | 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 to insect bites |
| 9. Heart Disease | 20. Hepatitis | 31. Knee problem | 42. Medications (list all) |
| 10. Heart murmur | 21. Infectious mono | 32. Ankle problem | 43. Broken bones (list all) |
| 11. High blood pressure | 22. Peptic ulcer | 33. Back problem | _____ |

Date of last tetanus shot: _____ Does this student wear contact lenses? YES NO

PHYSICAL EXAMINATION

(To be completed and signed by a **PHYSICIAN ONLY**)

ENT _____	Abdomen _____	Lower extremities _____
	Hernias _____	Urinalysis: _____
B.P. _____	Genitalia _____	Blood _____
Heart _____	Pilonidal _____	Protein _____
Lungs _____	Back & Neck _____	Sugar _____
Upper Extremities _____	Chest _____	Other _____

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

Date _____ Physician's Signature _____

****Per M.H.S.A.A. rule, NO LPN, RN Nurse or Chiropractor signatures can be accepted. This physical must be dated after April 15th of previous school year. (after April, 15th 2011)**

RETURN FORMS TO THE ATHLETIC OFFICE