

Spring Vale Academy

PHYSICAL EXAMINATION, MEDICAL HISTORY, & PHYSICIAN CONSENT FORM

A current-year physical is one given on or after July 15 of the previous school year.

THIS FORM MUST BE ON FILE AT THE SVA OFFICE UPON THE STUDENT'S ARRIVAL AT SVA

Name: Last First Middle GRADE AGE DATE OF BIRTH

Address City State Zip Home Phone

Family Doctor Name Office Phone Address City State Zip

MEDICAL HISTORY											
HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had fainting			Heart Disease			Blurred vision			Diabetes		
Diphtheria			Kidney Disease			Headaches			Frequent Urination		
Scarlet Fever			Tuberculosis			Convulsions			Shortness of Breath		
Rheumatism			Jaundice			Blackouts			Stomach Pain		
Rupture			Cough			Painful Joints			Asthma		
Rheumatic Fever			Nosebleeds			Backaches			Pounding of Heart		
Frequent Sore Throats			Pneumonia								

Do you have any allergies to food or medication? If so, please list: _____

Please list any medical concerns here: _____

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse

System	Normal	Abn.	System	Normal	Abn.	System	Normal	Abn.	System	Normal	Abn.
Urinalysis			Throat			Heart			Nose		
Vision			Teeth-Cavities			Abdomen			Lungs		
Blood Pressure			Orthopedic			Hernia			Muscular		
Pulse Rate			Thyroid			Genital/Testicular Exam			Neurologic		
Ears			Chest								

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 ♦ COMPETITIVE CHEER ♦ CROSS COUNTRY ♦ FOOTBALL ♦ GOLF ♦ GYMNASTICS
 ICE HOCKEY ♦ SKIING ♦ SOCCER ♦ SOFTBALL ♦ SWIMMING ♦ TENNIS ♦ TRACK ♦ VOLLEYBALL ♦ WRESTLING

SIGNATURE OF EXAMINER: _____ MD DO PA NP

PRINTED NAME OF EXAMINER: _____ Date: _____

CONSENT TO PARTICIPATE —To be completed by Parent or Guardian or 18-year old

I, _____, (an 18-year old) the parent or guardian of _____ 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. I hereby give my consent for the above high school student to engage in interscholastic athletics in MHSAA approved sports and understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a 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.

SIGNATURE OF PARENT/GUARDIAN/18-YEAR OLD: _____ Date: _____

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than fifteen dollars (\$15.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I promise not to compete in any outside athletic contest in this sport until after the high school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not represent all the policies to which I am subject.

SIGNATURE OF STUDENT

DATE