

HOWELL HIGH SCHOOL SPORTS PHYSICALS

Athletic physicals for the **2014-2015**
school year will be administered on



THURSDAY May 29, 2014

Proceeds go toward Howell Athletics

6:00PM to 7:30PM - Howell High School Fieldhouse

COST \$25.00

(Cash or check payable to HHS Athletics)

VISION
SCREENING
AVAILABLE!

Doors will open at 5:50pm (no earlier), Physicals will be administered based on GRADE.

Seniors & Juniors 6:00 - 6:30 PM

Sophomores & Freshman 6:30 - 7:00 PM

Middle School/Junior Football 7:00 - 7:30 PM

**NO EXAMS WILL BE CONDUCTED WITHOUT THE PROPER
PAPERWORK FILLED OUT AND SIGNED BY PARENT/GUARDIAN.**

Forms needed: ♦ Sports Screening/Consent Form ♦ MHSAA Physical form (*available on-line*)
(Forms may be picked up at the athletic office or school website)

SPORTS SCREENING/CONSENT FORM

I am the legal guardian of _____

I authorize the conduction of a pre-participation screening exam. I understand that this is a screening exam and that rare or occult diseases can occur despite a thorough screening exam. I understand that failure to honestly answer all screening questions can result in undo risk to the athlete with potential dire consequences.

Have you ever passed-out during exercise?	YES	NO
Have you ever been dizzy during exercise?	YES	NO
Have you ever had chest pain during exercise?	YES	NO
Do you tire more quickly than your friends?	YES	NO
Have you ever felt your heart racing or skipping beats?	YES	NO
Have you ever had high blood pressure?	YES	NO
Have you ever been told you have a heart murmur?	YES	NO
Has anyone in your family died of heart problems before the age of 50?	YES	NO
Have you had an injury, which prevented you from participating in sports within the last year?	YES	NO

Signature of Parent/Guardian: _____ Date: _____

Name _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____