

**Minnesota State High School League
PHYSICAL EXAMINATION FORM**

Student Name: _____

History Circle Yes (Y) or No (N)

Have you or do you have:

- | | |
|-------------------------------------------------------------|-------|
| 1. An injury or illness since your last exam? | Y / N |
| 2. A chronic or ongoing illness? | Y / N |
| 3. Ever been hospitalized? | Y / N |
| 4. Ever had surgery? | Y / N |
| 5. Allergies to medications, bee stings, pollens, or foods? | Y / N |
| 6. A heart murmur? | Y / N |
| 7. High blood pressure or hypertension? | Y / N |
| 8. Been restricted from sports for heart problems? | Y / N |
| 9. Ever had a concussion or a head injury? | Y / N |
| 10. Been knocked out or had memory loss? | Y / N |
| 11. Asthma? | Y / N |
| 12. A severe viral infection in the last month? | Y / N |

During or after exercise have or do you ever:

- | | |
|----------------------------------------------------|-------|
| 13. Excessive fatigue with exercise? | Y / N |
| 14. Had a rash or hives develop? | Y / N |
| 15. Fainted or felt dizzy? | Y / N |
| 16. Had chest pain? | Y / N |
| 17. Had shortness of breath? | Y / N |
| 18. Had racing heart or skipped heartbeats? | Y / N |
| 19. Do you tire more easily than your friends? | Y / N |
| 20. Become ill from exercising in the heat? | Y / N |
| 21. Wheeze, cough, or have trouble breathing? | Y / N |
| 22. Has any family member or relative: | |
| Died of a heart problem before age 35? | Y / N |
| Died of a heart problem before age 50? | Y / N |
| Had heart disease and lived? | Y / N |
| Died with no known reason? | Y / N |
| Had Marfan's Syndrome? | Y / N |
| 23. In the last year what was your highest weight? | _____ |
| In the last year what was your lowest weight? | _____ |
| 24. What do you think is your ideal weight? | _____ |
| 25. Female athletes | |
| Do you have regular menstrual periods? | Y / N |
| At what age was your first period? | _____ |
| When was your most recent menstrual period? | _____ |
| What is the longest time between periods? | _____ |
| How many periods did you have in the last year? | _____ |


- | | |
|----------------------------|--|
| 26. Immunization dates: | |
| DT _____ Hepatitis B _____ | |
| MMR _____ Chickenpox _____ | |

- | | | |
|----------------------------|---------------------|----------------------|
| 27. Have you had? (Circle) | | |
| abnormal bleeding | hearing loss | single organ |
| abnormal bruising | hepatitis | sprain |
| anemia | mononucleosis | stinger |
| broken bones | rheumatic fever | stress fractures |
| diabetes | scoliosis | undescended testicle |
| dislocation | seizures | viral myocarditis |
| eye loss | sickle cell disease | vision loss |

- | | |
|------------------------------------------------------------------------------------------------|-------|
| 28. Do you use any special equipment? | Y / N |
| 29. Are there other concerns you have? | Y / N |
| 30. List any medication or pills you take
(Include over-the-counter, vitamins, supplements) | None |

Physical Examination

Ht _____	Wt _____	Arm Span _____	Glasses	Y / N
Vision — R:20/ _____	L:20/ _____		Contact Lenses	Y / N
Heart Rate _____	BP _____/ _____		Eye Protection	Y / N
			Mouthguard	Y / N

HEENT	Notes	Exam Station
Anisocoria	N / Y _____	Initials
Fundoscopic	Nrl / Abnrl _____	
Ears	Nrl / Abnrl _____	
Mouth	Nrl / Abnrl _____	
Throat	Nrl / Abnrl _____	
Dental	Nrl / Abnrl _____	
Thyroid	Nrl / Abnrl _____	
Lymph nodes	Nrl / Abnrl _____	
Lungs	Nrl / Abnrl _____	
Heart	Nrl / Abnrl _____	
Murmur	Nrl / Abnrl _____	
Pulses (rad,fem)	Nrl / Abnrl _____	
Abdomen	Nrl / Abnrl _____	
Genitalia (male)	Nrl / Abnrl _____	
Tanner Stage (optional)	I II III IV V _____	
Hernia	N / Y _____	
Skin	Nrl / Abnrl _____	
Body Fat % (optional)	_____	
Musculoskeletal Screen		
Neck	Nrl / Abnrl	Quad/ham Nrl / Abnrl
Shlder	Nrl / Abnrl	Ankle Nrl / Abnrl
Elbow	Nrl / Abnrl	Feet Nrl / Abnrl
Hands	Nrl / Abnrl	Heel/toe Nrl / Abnrl
Back	Nrl / Abnrl	Duck walk Nrl / Abnrl

Notes: _____

Immunizations given today: _____

Physician Signature	Date of Exam
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I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities. I authorize the release of information contained in this document to the school nurse, athletic trainer, coaches, medical providers and any other school personnel involved in the care of this student. Upon written request, I may receive a copy of this document for my personal health care provider.

Parent or Legal Guardian Signature	Date
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Athlete Signature	Date
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Minnesota State High School League
PHYSICAL EXAMINATION FORM

Student Name: _____ Birthdate: _____ Age: _____ Gender: _____

Address: _____

Home Telephone: _____

School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to:

[Circle (1) or (2) or (3) below]

(1) Participate in all school interscholastic activities.

(2) Participate in any activity not crossed out below.

Sport classification based on contact

Collision contact sports	Limited contact sports	Non-contact sports
Adapted Soccer	Adapted Softball	Adapted Bowling
Basketball	Baseball	Badminton
Diving	Cheerleading	Dance Team
Football	Field Events	Field
Ice Hockey	high jump	discus
Lacrosse	pole vault	shot put
Soccer	Floor Hockey	Golf
Wrestling	Gymnastics	Running
	Alpine Skiing	Swimming
	Nordic Ski Racing	Synchronized Swimming
	Softball	Tennis
	Volleyball	Track

Sport classification based on intensity and strenuousness

High intensity High to moderate dynamic High to moderate static	High intensity High to moderate dynamic Low static	High intensity Low dynamic High to moderate static	Low intensity Low dynamic Low static
Basketball	Adapted Soccer	Cheerleading	Adapted Bowling
Cross Country Running	Adapted Softball	Diving	Golf
Nordic Ski Racing	Badminton	Field Events	
Alpine Skiing	Baseball	Gymnastics	
Football	Dance Team		
Ice Hockey	Soccer		
Lacrosse	Softball		
Running	Swimming		
Wrestling	Synchronized Swimming		
	Tennis		
	Volleyball		

Limitations are due to: _____

(3) Requires further evaluation before a final recommendation can be made.

Further evaluation required: _____

Additional recommendations for the school or parents: _____

I have examined the above-named student and completed the physical exam as required by the Minnesota State High School League. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

Attending Physician (SIGNATURE) : _____ Date of Physical Exam: _____

Attending Physician (PRINT) : _____

Address: _____

KEEP THIS FORM IN THE ATHLETE'S
MEDICAL RECORD AND COPY THIS
SIDE FOR THE ATHLETE TO RETURN TO
THE SCHOOL

Valid for 3 years from above date with a normal Annual Health Questionnaire

Year 2

Year 3

ADAPTED ATHLETICS PHYSICAL EXAMINATION FORM

(Use only for adapted athletics)

The MSHSL has competitive interscholastic Physically Impaired (**PI**) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics.

A. **PI Division** – The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who have medical clearance to compete in competitive athletics. A student is eligible to compete in the PI Division with one of the following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below: *(Must be diagnosed and documented by a Physician and/or Physicians Assistant.)*

1. _____ Neuromuscular _____ Postural/Skeletal _____ Traumatic
_____ Growth _____ Neurological Impairment

Which: _____ affects Motor Function _____ modifies Gait Patterns

(Optional) _____ Requires the use of prosthesis or mobility device including but not limited to canes, crutches, walker or wheelchair.

2. _____ Cardio/Respiratory Impairment that is deemed safe for competitive athletics but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.

A.) A condition that can be appropriately managed with appropriate medications, which eliminate physical or health endurance limitations, will NOT be considered eligible for adapted athletics.

Specific exclusions to PI competition:

The following health conditions without coexisting physical impairments as outlined above do not qualify the student to participate in the PI Division even though some of the conditions below may be considered Health Impairments by an individual's physician, a student's school, or government agency. This list is not all-inclusive and the conditions are examples of non-qualifying health conditions, other health conditions that are not listed below may also be non-qualifying for participation in the PI Division.

Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Emotional Behavioral Disorder (EBD), Autism spectrum disorders (including Asperger's Syndrome), Tourette's Syndrome, Neurofibromatosis, Asthma, Reactive Airway Disease (RAD), Bronchopulmonary Dysplasia (BPD), Blindness, Deafness, Obesity, Depression, Generalized Anxiety Disorder, Seizure Disorder, or other similar disorders.

Student Name: _____

Attending Physician (PRINT): _____

Attending Physician (SIGNATURE): _____

Date of Physical Exam: _____