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? _____
   How many periods did you have in the last year? _____
26. Immunization dates:
   DT __________  Hepatitis B __________
   MMR __________  Chickenpox __________

   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

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

Physician Signature Date of Exam

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

Reviewed 6-21-04
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

<table>
<thead>
<tr>
<th>Collision contact sports</th>
<th>Limited contact sports</th>
<th>Non-contact sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted Soccer</td>
<td>Adapted Softball</td>
<td>Adapted Bowling</td>
</tr>
<tr>
<td>Basketball</td>
<td>Baseball</td>
<td>Badminton</td>
</tr>
<tr>
<td>Diving</td>
<td>Cheerleading</td>
<td>Dance Team</td>
</tr>
<tr>
<td>Football</td>
<td>Field Events</td>
<td>Field</td>
</tr>
<tr>
<td>Ice Hockey</td>
<td>high jump</td>
<td>discus</td>
</tr>
<tr>
<td>Lacrosse</td>
<td>pole vault</td>
<td>shot put</td>
</tr>
<tr>
<td>Soccer</td>
<td>Floor Hockey</td>
<td>Golf</td>
</tr>
<tr>
<td>Wrestling</td>
<td>Gymnastics</td>
<td>Running</td>
</tr>
<tr>
<td></td>
<td>Adapted Bowling</td>
<td>Swimming</td>
</tr>
<tr>
<td></td>
<td>Adapted Softball</td>
<td>Synchronized Swimming</td>
</tr>
<tr>
<td></td>
<td>Baseball</td>
<td>Tennis</td>
</tr>
<tr>
<td></td>
<td>Cheerleading</td>
<td>Track</td>
</tr>
</tbody>
</table>

Sport classification based on intensity and strenuousness

<table>
<thead>
<tr>
<th>High intensity</th>
<th>High intensity</th>
<th>Low intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>High to moderate dynamic</td>
<td>Low static</td>
<td>High dynamic</td>
</tr>
<tr>
<td>High to moderate static</td>
<td>Low dynamic</td>
<td>Low static</td>
</tr>
<tr>
<td>Basketball</td>
<td>Adapted Soccer</td>
<td>Adapted Bowling</td>
</tr>
<tr>
<td>Cross Country Running</td>
<td>Adapted Softball</td>
<td>Cheerleading</td>
</tr>
<tr>
<td>Nordic Ski Racing</td>
<td>Badminton</td>
<td>Diving</td>
</tr>
<tr>
<td>Alpine Skiing</td>
<td>Baseball</td>
<td>Field Events</td>
</tr>
<tr>
<td>Football</td>
<td>Dance Team</td>
<td>Gardians</td>
</tr>
<tr>
<td>Ice Hockey</td>
<td>Soccer</td>
<td>Softball</td>
</tr>
<tr>
<td>Lacrosse</td>
<td>Swimming</td>
<td>Swimming</td>
</tr>
<tr>
<td>Running</td>
<td>Synchronized Swimming</td>
<td>Synchronized Swimming</td>
</tr>
<tr>
<td>Wrestling</td>
<td>Tennis</td>
<td>Track</td>
</tr>
</tbody>
</table>

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:______________________________________________________________________
____________________________________________________________________________

Valid for 3 years from above date with a normal Annual Health Questionnaire Year 2 Year 3


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

6/14/04