2015-2016 SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM
Minnesota State High School League

Student Name: ____________________________ Birth Date: ______ Age: ____ Gender: M / F
Address: _____________________________________________________________
Home Telephone: ______ - ______ - ________ Mobile Telephone ______ - ______ - ________
School: ____________________________ Grade: ______ Sports: ____________________________

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check Only One Box)
☐ (1) Participate in all school interscholastic activities without restrictions.
☐ (2) Participate in any activity not crossed out below.

<table>
<thead>
<tr>
<th>Sport Classification Based on Contact</th>
<th>Collision Contact Sports</th>
<th>Limited Contact Sports</th>
<th>Non-contact Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td>Baseball</td>
<td>Badminton</td>
<td></td>
</tr>
<tr>
<td>Cheerleading</td>
<td>Field Events:</td>
<td>Bowling</td>
<td></td>
</tr>
<tr>
<td>Diving</td>
<td>High Jump</td>
<td>Cross Country Running</td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td>Pole Vault</td>
<td>Dance Team</td>
<td></td>
</tr>
<tr>
<td>Gymnastics</td>
<td>Field Events:</td>
<td>Disguises</td>
<td></td>
</tr>
<tr>
<td>Ice Hockey</td>
<td>Nordic Skiing</td>
<td>Shot Put</td>
<td></td>
</tr>
<tr>
<td>Lacrosse</td>
<td>Softball</td>
<td>Golf</td>
<td></td>
</tr>
<tr>
<td>Alpine Skiing</td>
<td>Volleyball</td>
<td>Swimming</td>
<td></td>
</tr>
<tr>
<td>Soccer</td>
<td></td>
<td>Tennis</td>
<td></td>
</tr>
<tr>
<td>Wrestling</td>
<td></td>
<td>Track</td>
<td></td>
</tr>
</tbody>
</table>

☐ (3) Requires further evaluation before a final recommendation can be made.
Additional recommendations for the school or parents: _____________________________________________

☐ (4) Not cleared for:  ☐ All Sports ☐ Specific Sports
Reason: __________________________________________________________

I have examined the above named student and completed the Sports Qualifying 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 Exam ______
Print Physician Name: __________________________________________________
Office/Clinic Name: __________________________________________ Address: ____________________________
City, State, Zip Code: __________________________________________ E-Mail Address: ____________________________

IMMUNIZATIONS: (Tdap; meningococcal (MCV4, 1-2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual)]
☐ Up-to-date (see attached school documentation) ☐ Not up-to-date / Specify __________________________

IMMUNIZATIONS GIVEN TODAY: __________________________________________

EMERGENCY INFORMATION

Allergies
Other Information
Emergency Contact: __________________________________________ Relationship: ____________________________
Telephone: (H) ______ - ______ - ________ (W) ______ - ______ - ________ (C) ______ - ______ - ________
Personal Physician __________________________________________ Office Telephone ______ - ______ - ________

This form is valid for 3 calendar years from above date with a normal Annual Health Questionnaire.

FOR SCHOOL ADMINISTRATION USE:  ☐ [Year 2 Normal]  ☐ [Year 3 Normal]

### 2015-2016 SPORTS QUALIFYING PHYSICAL HISTORY FORM

**Minnesota State High School League**

#### Student Name: ____________________________

#### Birth Date: ____________________________

#### Date of Exam: ____________________________

**History**

<table>
<thead>
<tr>
<th>Circle Question Number</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**GENERAL QUESTIONS**

1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports? Y/N
2. Do you have a medical condition like diabetes, asthma, anemia, infections? Y/N
3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills? Y/N

**HEART HEALTH QUESTIONS ABOUT YOU**

7. Have you ever passed out or nearly passed out DURING exercise? Y/N
8. Have you ever passed out or nearly passed out AFTER exercise? Y/N
9. Have you ever had pain, tightness, or chest pressure? Y/N
10. Does your heart race or skip beats (irregular beats) during exercise? Y/N
11. Has a doctor ever told you that you have (circle):
   - High blood pressure
   - A heart murmur
   - High cholesterol
   - A heart infection
   - Rheumatic fever
   - Kawasaki’s Disease
   Y/N
12. Have you ever had a test for your heart? (Example: ECG/ EKG, echocardiogram, stress test) Y/N
13. Do you get lightheaded or feel more short of breath than expected during exercise? Y/N
14. Have you ever had an unexplained seizure? Y/N
15. Have you ever had a heart problem, pacemaker, or implantable defibrillator? Y/N

**BONE AND JOINT QUESTIONS**

20. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis that caused you to miss a practice or game? Y/N
21. Have you had any broken or fractured bones or dislocated joints? Y/N
22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or culchets? Y/N
23. Have you ever had a stress fracture? Y/N
24. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or werniqua) Y/N
25. Do you have, or have you ever had, any serious, orthotic or other assistive device? Y/N
26. Do you have a bone, muscle, or joint injury that bothers you? Y/N
27. Do any of your joints become painful, swollen, feel warm, or look red? Y/N
28. Do you have any history of juvenile arthritis or connective tissue disease? Y/N

**MEDICAL QUESTIONS**

29. Has a doctor ever told you that you have asthma or allergies? Y/N
30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise? Y/N
31. Is anyone in your family who has asthma? Y/N
32. Have you ever used an inhaler or taken asthma medicine? Y/N
33. Do you develop a rash or hives when you exercise? Y/N
34. Were you born without or are you missing a kidney, an eye, a testicle (male), or any other organ? Y/N
35. Do you have groin pain or a painful bulge or hernia in the groin area? Y/N
36. Have you had sick illness inside of you? Y/N
37. Do you have any sores, pressure sores, or other skin problems? Y/N
38. Have you had a herpes or MRSA skin infection? Y/N
39. Have you ever had a head injury or concussion? Y/N
40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems? Y/N
41. Do you have a history of seizure disorder? Y/N
42. Do you have headaches with exercise? Y/N
43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Y/N
44. Have you ever been unable to move your arms or legs after being hit or falling? Y/N
45. Have you ever become ill while exercising in the heat? Y/N
46. Do you get frequent muscle cramps when exercising? Y/N
47. Do you or someone in your family have sickle cell trait or disease? Y/N
48. Have you had any problems with your eyes or vision? Y/N
49. Have you had any eye injuries? Y/N
50. Do you wear glasses or contact lenses? Y/N
51. Do you wear protective eyewear, such as goggles or a face shield? Y/N
52. Do you worry about your weight? Y/N
53. Are you on a special diet or do you avoid certain types of foods? Y/N
54. Have you ever been on a special diet or do you avoid certain types of foods? Y/N
55. Have you ever had an eating disorder? Y/N
56. Do you have any concerns that you would like to discuss with a doctor? Y/N

**FEMALES ONLY**

57. Have you ever had a menstrual period? Y/N
58. How old were you when you had your first menstrual period? ______
59. How many menstrual periods have you had in the last year? ______

**Notes:**

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 and I approve participation in athletic activities.

**Parent or Legal Guardian Signature:** ____________________________

**Student-Athlete Signature:** ____________________________

**Date:** ____________________________
# Medical Exam

<table>
<thead>
<tr>
<th>Exam</th>
<th>Normal</th>
<th>Abnormal Notes</th>
<th>Initials*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Marfan stigmata</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundoscopic</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils</td>
<td>Equal / Unequal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Murmurs (standing, supine, +/- Valsalva)</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMI location</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses (simultaneous femoral &amp; radial)</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanner Staging (optional)</td>
<td>I II III IV V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(No HSV, MRSA, Tinea corporis)</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/Arm</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/Forearm</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/Hand/Fingers</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/Thigh</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/Antle</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/Toes</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional (Single Leg Hop or Squat, Box Drop)</td>
<td>Y / N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Required Only if Multiple Examiners

Notes: __________________________________________________________________________

**Assessment:**  □ Cleared for sports without restriction  □ Restricted participation (see Clearance Form)

**Plan:**

- Immunizations:  □ Up-to-Date  □ Recommend Annual Flu Shot (Especially for Asthma & winter athletes)  □ Consider HPV series

- Immune if needed (Tdap, meningococcal MCV4, 1-2 doses), 3 HPV, 2MMR, 3 Hep B, 3-4 Polio, 2 varicella or history of disease

- [ ] Health Maintenance:  □ Lifestyle, health, and safety counseling  □ Discussed dental care and mouthguard use

- [ ] Discussed Lead and TB exposure – (Testing indicated / not indicated)  □ Eye Refraction if indicated

**Attending Physician Signature:** ___________________________  Date: __________
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 – 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 Physician's Assistant, and/or Advanced Practice Nurse.)

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.

   (NOTE:) A condition that can be appropriately managed with appropriate medications that 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/Physician Assistant (PRINT) __________________________

Attending Physician/Physician Assistant (SIGNATURE) __________________________

Date of Physical Exam __________________________________________