

SPORTS QUALIFYING PHYSICAL EXAMINATION

Minnesota State High School League

Student Name _____

History

1. Have you ever fainted during or after exercise? Y / N
Have you had chest pain during exercise? Y / N
2. Family history of sudden death? Y / N
Before age 35? _____ Before age 50? _____
3. Have you ever had a concussion? Y / N
Have you ever had loss of consciousness? Y / N
Have you ever had a head injury Y / N
How many? _____
4. Have you ever had heat stroke, heat exhaustion, or passed out from heat? Y / N
5. Do you wheeze or cough during or after exercise? Y / N
6. Do you have any allergies? (Medications, bee sting, pollens, other _____) Y / N
7. Any injuries or illness since last exam? Y / N
List: _____
8. Have you been ill in the last month? Y / N
9. Do you take any medication or pills? Y / N
Please list below (include over the counter and vitamins)
10. Have you ever been hospitalized? Y / N
Have you ever had surgery? Y / N
If yes, explain: _____

11. Immunizations:
Last DT Month _____ Day _____ Year _____
Last MMR Month _____ Day _____ Year _____
12. Have you had? (circle)

abnormal bleeding	anemia	sprain
abnormal bruising	diabetes	dislocation
broken bones	seizures	vision loss
stress fractures	scoliosis	stinger
heart murmur	palpitations	
rheumatic fever	hearing loss	
single organ	sickle cell disease	
hepatitis	high blood pressure	
eye loss	undescended testicle	
13. Do you use any special equipment? Y / N
14. Are there other concerns you have? Y / N

Notes: _____

Medications Currently Taking: _____

Examination

Ht _____	Wt _____	BP _____	Glasses	Y / N
Vision	R 20/ _____	L20 _____	Contact Lens	Y / N
Anisocoria	Y / N		Eye protection	Y / N
			Mouthguard	Y / N

HEENT

Fundoscopic	Nrl/Abnrl	Notes _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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	
Abdomen	Nrl/Abnrl	
Genitalia	Nrl/Abnrl	

Tanner Stage	I	II	III	IV	V
--------------	---	----	-----	----	---

Hernia Y / N
Skin Nrl/Abnrl

Body Fat % (optional)
Musculoskeletal

Neck	Nrl/Abnrl	Quad/ham	Nrl/Abnrl
Shoulder	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

Immunizations Given Today: _____

Notes: _____

Physician signature _____ Date _____

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 hereby authorize release to the school nurse, trainer, coach and medical providers of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Parent or legal guardian signature _____ Date _____

Athlete signature _____ Date _____

SPORTS CLEARANCE
Minnesota State High School League

Student Name: _____ Personal Physician: _____
 Address: _____ Address: _____
 Telephone: _____ Age: _____ Telephone: _____
 Date of Birth: _____ Gender: _____
 School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to participate in school interscholastic activities as indicated below:

Participation clearance for:

Collision sports Y / N
 Contact sports Y / N
 Noncontact sports Y / N

Due to: _____
 Further evaluation required: _____
 Modifications or exceptions: _____

Attending Physician _____
Signature

Print name _____ Date _____

Valid for 3 years from above date with anormal Annual Health Questionnaire (All No responses) Year 2 Year 3

Sports Classification

Collision	Contact	Strenous	Moderately Strenuous	Non-Strenuous
Football	Basketball	Running	Curling*	Golf
Hockey	Baseball	Swimming	Badminton*	
Soccer	Diving	Tennis	Table	
Wrestling	Field	Field	tennis*	
(Basketball)	High Jump	Shot put		
	Pole vault	Discus		
	Gymnastics	Weight		
	Skiing	lifting*		
	X-country			
	Downhill			
	Softball			
	Volleyball			

*Not MSHSL sports