

SPORTS QUALIFYING PHYSICAL EXAMINATION

Minnesota State High School League

Grade _____
School _____

Student Name _____

Date of Examination _____

Grade _____ Date of Birth _____

Ht _____ Wt _____ BP _____ Glasses Y / N
 Vision R 20/ _____ L2-/ _____ Contact lens Y / N
 Anisocoria Y / N Eye _____
 Protection Y / N

History

1. Have you ever fainted during or after exercise? Y / N
 Have you ever 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? _____
 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
 Do you have any history of asthma?
6. Do you have 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 medications of pills? Y / N
10. Have you ever been hospitalized? Y / N
 Have you ever had surgery? Y / N
 If yes, explain _____
11. Regular menstrual periods? Y / N
 Age at onset of first period? _____
 Longest time between periods? _____
 Number of periods last year? _____
12. In the last year what was your
 Highest weight? _____
 Lowest weight? _____
 What do you think is your ideal weight? _____
13. Immunizations: (We need month, day, year)
 Hep B 1. _____ 2. _____ 3. _____
 Last DT: Mo. _____ Day _____ Year _____
 Last MMR: Mo. _____ Day _____ Year _____
14. 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
high blood pressure	eye loss	undescended testicle
15. Do you use any special equipment? Y / N
16. Are there other concerns you have? Y / N

HEENT

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

Abdomen

Nrl/Abnrl

Genitalia

Nrl/Abnrl

Tanner state

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*

Notes _____

Medications currently taking _____

Parent or legal guardian signature _____ Date _____

Athlete signature _____ Date _____

SPORTS QUALIFYING PHYSICAL EXAMINATION

Minnesota State High School League

Students 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
Basketball Diving Football Ice Hockey Soccer Wrestling	Baseball Cheerleading Field events high jump pole vault Floor Hockey Gymnastics Nordic Ski Racing Alpine Skiing Softball Volleyball	Badminton Dance Team Field discus javelin shot put Golf Running Swimming Tennis 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
Cross Country Running Nordic Ski Racing Alpine Skiing Football Ice Hockey Sprint Running Wrestling	Badminton Baseball Dance Team Soccer Softball Swimming Tennis Volleyball	Cheerleading Diving Field Events Gymnastics	Golf

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 sports clearance 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 _____

Physician Name (print) _____

Address _____

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