

COPY THIS PAGE for the student to return to the school. **KEEP** the complete document in the student's medical record.

2024-2025 SPORTS QUALIFYING PHYSICAL EXAMINATION MEDICAL ELIGIBILITY FORM
 Minnesota State High School League

Student Name: _____ Birth Date: _____
 Address: _____
 Home Telephone: _____ - _____ - _____ Mobile Telephone _____ - _____ - _____
 School: _____ Grade: _____

I certify that the above student has been medically evaluated and is deemed medically eligible to: (Check Only One Box)

- (1) Participate in all school interscholastic activities without restrictions.
- (2) Participate in any activity not crossed out below.

Sport Classification Based on Contact		
Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Basketball Cheerleading Diving Football Gymnastics Ice Hockey Lacrosse Alpine Skiing Soccer Wrestling	Baseball Field Events: ❖ High Jump ❖ Pole Vault Floor Hockey Nordic Skiing Softball Volleyball	Badminton Bowling Cross Country Running Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Swimming Tennis Track

Sport Classification Based on Intensity & Strenuousness			
Increasing Static Component ↑↑↑↑↑ III. High (>50% MVC) ↑↑↑↑ II. Moderate (20-50%) ↑↑↑ I. Low (<20% MVC)	Increasing Dynamic Component → → → → →		
	A. Low (<40% Max Oz)	B. Moderate (40-79% Max Oz)	C. High (>70% Max Oz)
	Field Events: ❖ Discus ❖ Shot Put Gymnastics*	Alpine Skiing* Weightlifting*	
Diving†	Dance Team Football* Field Events: ❖ High Jump ❖ Pole Vault* Synchronized Swimming† Track — Sprints	Basketball Ice Hockey Lacrosse Nordic Skiing — Freestyle Track — Middle Distance Swimming†	
Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball	Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance	

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

- (4) Not medically eligible for: All Sports
 Specific Sports
 Specify _____

Sport Classification Based on Intensity & Strenuousness: The classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (Max Oz), achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in light shading and the highest in darkest shading. The graduated shading in between depicts low, moderate, moderate and high moderate total cardiovascular demands. †Danger of body collision. ‡Increased risk of syncope occurs. Reprinted with permission from: Vernon B. Zipes D.P., 38th Bethesda Conference, eligibility recommendations for competitive athletes with cardiovascular abnormalities, J Am Coll Cardiol: 23(6), 661B: 1317-1375

I have examined the student named on this form and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. The athlete does not have apparent clinical contraindications to practice and participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Provider Signature _____ Date of Exam _____
 Print Provider Name: _____
 Office/Clinic Name _____ Address: _____
 City, State, Zip Code _____
 Office Telephone: _____ - _____ - _____ E-Mail Address: _____

IMMUNIZATIONS (Tdap: meningococcal (MCV4, 2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); hep A (2 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual); COVID-19 (2 doses, 1 dose))
 Up to date (see attached school documentation) Not reviewed at this visit

IMMUNIZATIONS GIVEN TODAY: _____
EMERGENCY INFORMATION
Allergies _____
Other Information _____
 Emergency Contact: _____ Relationship _____
 Telephone: (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____
 Personal Medical Provider _____ 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]