



MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921.

May 2025

**TO: PARENTS OF MHSA SPORTS PARTICIPANTS
LICENSED MEDICAL PROFESSIONALS**

FROM: BRIAN MICHELOTTI, EXECUTIVE DIRECTOR

**RE: UPDATED MHSA PRE-PARTICIPATION PHYSICAL EXAM (PPE)
FORM**

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be completed for a student to be considered eligible for participation in an Association contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. **Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All 9th graders must have a physical after May 1st of the year they enter high school, regardless of whether they had one in 8th grade.**

This MHSA pre-participation form is the only form that will be allowed for the student's exam (**no other forms will be accepted**). The following process should be followed:

- Parent(s)/legal guardian(s) and their student will fill out the History portion of the form together.
- The student and parent/guardian will sign the form.
- A medical provider will review the form with the student and parent/guardian and perform the exam. A signature from the medical provider is required to clear the student for participation.
- The completed MHSA Pre-participation Physical Exam form will be given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective. For further information, the MHSA position statement on two-year PPEs is available on the MHSA website at www.mhsa.org.



Billings Clinic

LOGAN
HEALTH

MHSA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination to participate in any sport. The examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. **Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All information is to remain confidential.**

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: _____ Gender: _____ Grade: _____ Date of Birth: _____

Home Address: _____ Phone Number: _____

Parent/Guardian's Name: _____ Family Physician: _____

Date of examination: _____ Current school: _____

List past and current medical conditions.

Have you ever had surgery? If yes, list all past surgical procedures.

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)		YES	NO	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?				11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
3. Do you have any ongoing medical issues or recent illness?				13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
HEART HEALTH QUESTIONS ABOUT YOU		YES	NO	BONE AND JOINT QUESTIONS		YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?				14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?			



PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____

Date of Birth: _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY

Height: _____ Weight: _____

Pulse: _____ BP: _____ / _____ Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐

Unequal

MEDICAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

CLEARANCE

☐ Cleared without restriction

☐ Cleared with recommendations for further evaluation or treatment for:

☐ Not cleared for ☐ All sports ☐ Certain sports _____ Reason:

Recommendations:

Name of Physician/Medical Provider [print or type]: _____ Date:

Address: _____

Phone: _____

Signature of Physician/Medical Provider:
