Revised 4/18/18 Page 1 of 4

<u>COPY</u> this Clearance Form for the student to return to the school. <u>KEEP</u> the complete document in the student's medical record.

## 2018-2019 SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM

Minnesota State High School League

Student Name:						Age:	Gender: M / F
Address:							
Home Telephone	): <b>-</b>	Mo	obile Telepl	ho	ne		
School:		Grade:	Sp	oor	ts:		
(1) Particip (2) Particip	ate in all school	een medically evaluated interscholastic activity not crossed out be	ties witho	ut	restrictions.	ically fit to: (Chec	
	Limited Contact		J	~	· Olacombation B	dood on mionory d	
Collision Contact Sports	Sports	Non-contact Sports	↓ ↓ ↓	MVC)	Field Events:	Alpine Skiing*†	
Basketball	Baseball	Badminton	↑ 🛓	20%	Shot Put Gymnastics*†	Wrestling*	
Cheerleading	Field Events:	Bowling	↑ <sup>=</sup> :	٥	Cymnustics		
Diving	High Jump	Cross Country Running	Т •	L			
Football	Pole Vault	Dance Team	u ut	٦		Dance Team	Basketball*
Gymnastics	Floor Hockey	Field Events:	ic Component	Ĭ		Football* Field Events:	Ice Hockey*
Ice Hockey	Nordic Skiing	<ul> <li>Discus</li> </ul>	du apo	%	Diving*†	<ul> <li>High Jump</li> </ul>	Lacrosse* Nordic Skiing — Freestyle
Lacrosse	Softball	Shot Put	8 ≥	202		Pole Vault*† Synchronized Swimming†	Track — Middle Distance
Alpine Skiing	Volleyball	Golf	ncreasing Static Component → → Low II. Moderate	٦		Track — Sprints	Swimming†
Soccer		Swimming	g S				
Wrestling		Tennis	asin	ઈ		Baseball*	Badminton Cross Country Running
		Track	Cree	ا≧	Bowling	Cheerleading Floor Hockey	Nordic Skiing — Classical
			Increasin.	50%	Golf	Softball* Volleyball	Soccer* Tennis
_ , , ,	s further evalua nendation can be	tion before a final	•	L	A. Low	·	Track — Long Distance
		ons for the school or			(<40% Max O₂)	B. Moderate (40-70% Max O₂)	C. High (>70% Max O₂)
					Inorooo	ing Dynamia Companant	
parents:					increas	ing Dynamic Component →	7777
			Sport Clas	sific	ation Rased on Intensity 8	Strenuousness: This classifica	tion is hased on neak static and
,		cific Sports	during traini uptake (Max the estimate load. The lo and the high moderate to	ing. 1 xO <sub>2</sub> ) ed pe owest hest otal c	The increasing dynamic compachieved and results in an incercent of maximal voluntary oct total cardiovascular demandin darkest shading. The gradiardiovascular demands. *Da	tition. It should be noted, however, onent is defined in terms of the est increasing cardiac output. The increa intraction (MVC) reached and resul is (cardiac output and blood pressivated shading in between depicts I ager of bodily collision. †Increased	mated percent of maximal oxygen sing static component is related to ts in an increasing blood pressure ure) are shown in lightest shading ow moderate, moderate, and high risk if syncope occurs. Reprinted
Reason	•		with permiss athletes with			th Bethesda Conference: eligibility Am Coll Cardiol. 2005; 45(8):1317	
	am is on record in my	d completed the Sports Quali office and can be made ava			ool at the request of		High School League
<u> </u>					Da	ILE OI LAAIII	
Office / Office Name	۶		Λ -1 -1 -				
Office/Clinic Name			Address	s: _			
City, State, Zip Code	e						
Office Telephone: _		E-Mail Add	lress:				
or history of disease); po	lio (3-4 doses); influer see attached scho	(MCV4, 1-2 doses); HPV (3 nza (annual)] ool documentation)	Not review	ed	at this visit		s); varicella (2 doses
EMERGENCY INFO	DRMATION						
Other Information							
						hip	
Telephone: (H)		(W) <b>-</b>			(C)		
		(**/					
This form is valid	for 3 calendar yea	ars from above date wi	th a normal				

#### 2018-2019 SPORTS QUALIFYING PHYSICAL HISTORY FORM

### Minnesota State High School League

Student Name:	Birth Date:	Date of Exam:
	History	
Circle Question Number (1.) of questions for which the answer is unli		Circle Y for Yes or N for No
GENERAL QUESTIONS		
<ol> <li>Has a doctor ever denied or restricted your participation in spot</li> <li>Do you have an ongoing medical condition (like diabetes, asth</li> </ol>		
3. Are you currently taking any prescription or nonprescription (o	ver-the-counter) medicines or pills?	Y/N
List:		
4. Do you have allergies to medicines, pollens, foods, or stinging		
Have you ever spent the night in a hospital?     Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		1 / 1
<ol><li>Have you ever passed out or nearly passed out DURING exer</li></ol>		
Have you ever passed out or nearly passed out AFTER exerc     Have you ever had discomfort, pain, tightness, or pressure in		
nave you ever had discornion, pain, tightness, or pressure in     Does your heart race or skip beats (irregular beats) during exe		
<ol><li>Has a doctor ever told you that you have? (circle):</li></ol>		
High blood pressure A heart murmur High cholesterol		
<ul><li>12. Has a doctor ever ordered a test for your heart? (for example,</li><li>13. Do you get lightheaded or feel more short of breath than expe</li></ul>		
14. Have you ever had an unexplained seizure?		
15. Do you get more tired or short of breath more quickly than you		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
Has any family member or relative died of heart problems or hunexplained car accident)?		
17. Does anyone in your family have hypertrophic cardiomyopathy		
syndrome, Brugada syndrome, or catecholaminergic polymorp		
18. Does anyone in your family have a heart problem, pacemaker		
<ol> <li>Has anyone in your family had unexplained fainting, unexplain BONE AND JOINT QUESTIONS</li> </ol>	ed seizures, or near drowning?	Y/N
20. Have you ever had an injury, like a sprain, muscle or ligament	tear or tendonitis that caused you to miss a practice or ga	me?Y/N
21. Have you had any broken or fractured bones or dislocated joir	nts?	Y/N
22. Have you ever had an injury that required x-rays, MRI, CT sca		
23. Have you ever had a stress fracture?24. Have you ever been told that you have or have you had an x-r		
25. Do you regularly use a brace, orthotics or other assistive device	ay for freck instability of attantoaxial instability? (Down syri	uronie or uwariisiri)
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 lo		
28. Do you have any history of juvenile arthritis or connective tissomEDICAL QUESTIONS	Je disease?	Y/N
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 d	ifficulty breathing during or after exercise?	Y/N
31. Is there anyone in your family who has asthma?		
32. Have you ever used an inhaler or taken asthma medicine? 33. Do you develop a rash or hives when you exercise?		
34. Were you born without or are you missing a kidney, an eye, a		
35. Do you have groin pain or a painful bulge or hernia in the groin		
<ol> <li>Have you had infectious mononucleosis (mono) within the las</li> <li>Do you have any rashes, pressure sores, or other skin problet</li> </ol>		
38. Have you had a herpes or MRSA skin infection?		
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 confu		
41. Do you have a history of seizure disorder?		
43. Have you ever had numbness, tingling, or weakness in your a		
44. Have you ever been unable to move your arms or legs after be		
45. Have you ever become ill while exercising in the heat?		
46. Do you get frequent muscle cramps when exercising?		
48. Have you had any problems with your eyes or vision?		
49. Have you had any eye injuries?		Y/N
50. Do you wear glasses or contact lenses?		
51. Do you wear protective eyewear, such as goggles or a face sh 52. Do you worry about your weight?		
53. Are you trying to or has anyone recommended that you gain o		
54. Are you on a special diet or do you avoid certain types of food		
55. Have you ever had an eating disorder?		
56. Do you have any concerns that you would like to discuss with <b>FEMALES ONLY</b>	a doctor?	Y/N
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?	<del></del>	
Notes:		
I do not know of any existing physical or additional health requestions are true and accurate and I approve participation		certify that the answers to the above
Parent or Legal Guardian Signature	Student-Athlete Signature	 Date

#### 2018-2019 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

Minnesota State High School League

Student Name:		Birth Date:	Age:	_ Gender: M / F
Follow-Up Questions About More Sensitive Issues:  1. Do you feel stressed out or under a lot of pressure?  2. Do you ever feel so sad or hopeless that you stop doin  3. Do you feel safe?  4. Have you ever tried cigarette, cigar, or pipe smoking, e  5. During the past 30 days, did you use chewing tobacco,  6. During the past 30 days, have you had any alcohols, e  7. Have you ever taken steroid pills or shots without a doc  8. Have you ever taken any medications or supplements  9. Question "Risk Behaviors" like guns, seatbelts, unprote  Notes About Follow-Up Questions:	even 1 or 2 puffs? Do snuff, or dip? ven just one? ctor's prescription? to help you gain or lo	you currently smoke?	performance?	
	MEDICAI	L EXAM		
Height Weight BMI (	(optional)	% Body fat (opt	ional)	Arm Span
Vision: R 20/ L 20/ Corrected: Y / I	N Contacts:	Y/N Hearing: R	L (A	udiogram or confrontation)
Exam	Normal	Abnormal Notes		Initials*
<b>A</b>	V / NI			
Appearance  No Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y/N Y/N			
HEENT	Y/N			
Eyes	Y/N			
Fundoscopic	Y/N			
Pupils	Equal / Unequal			
Hearing	Y/N			
Cardiovascular	Y/N			
No Murmurs (standing, supine, +/- Valsalva)	Y/N			
PMI location	24/21			
Pulses (simultaneous femoral & radial)	Y/N			
Lungs	Y/N Y/N			
Abdomen Tanner Staging (optional)	I II III IV V			
Skin (No HSV, MRSA, Tinea corporis)	Y/N			
Musculoskeletal	1 / 11			
Neck	Y/N			
Back	Y/N			
Shoulder/Arm	Y/N			
Elbow/Forearm	Y/N			
Wrist/Hand/Fingers	Y/N			
Hip/Thigh	Y/N			
Knee	Y/N			
Leg/Ankle	Y/N			
Foot/Toes Functional (Single Leg Hop or Squat, Box Drop)	Y/N Y/N			
Turictional (Single Leg Hop of Squat, Box Brop)	1 / 19		* Peguire	d Only if Multiple Examiners
Notes:			Require	- Control Multiple Examiners
	nend Annual Flu Sho MCV4, (1-2 doses), 3 nd safety counseling		winter athletes) [ uep A, 3-4 Polio, 2 v e and mouthguard u	aricella or history of disease)

#### Minnesota State High School League

# 2018-2019 PI ADAPTED ATHLETICS MEDICAL ELIGIBILITY FORM Addendum (Use only for Adapted Athletics - PI Division)

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:

	dent must have a diagnosed an e diagnosed and documented b			n one of the two sections below: //or Advanced Practice Nurse.)		
1.	Neuromuscular	Postura	l/Skeletal	Traumatic		
	Growth	Neurological Impairment				
	Which: affects Moto	or Function	modifies Ga	ait Patterns		
	(Optional) Requir crutches, walker or wheelcha		esis or mobility devic	ce, including but not limited to canes,		
2.	and duration of physical exer	tion such that sustair	ned activity for over	petitive athletics, but limits the intensity five minutes at 60% of maximum heart ement of the health condition.		
				propriate medications that eliminate ed eligible for adapted athletics.		
Speci	fic exclusions to PI competiti	ion:				
partici individ examp	pate in the PI Division even tho lual's physician, a student's sch	ugh some of the con lool, or government a	ditions below may bagency. This list is r	utlined above, do not qualify the student to e considered Health Impairments by an not all-inclusive and the conditions are not listed below may also be non-qualifying		
Autisn React	n spectrum disorders (including	Asperger's Syndrom nchopulmonary Dysp	ne), Tourette's Synd lasia (BPD), Blindne	D), Emotional Behavioral Disorder (EBD), rome, Neurofibromatosis, Asthma, ess, Deafness, Obesity, Depression,		
Stude	nt Name					
Provid	ler (PRINT)					
Provid	ler (signature)					
Data	of Evan					