

2005-2006 MSHSL SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM

Minnesota State High School League

Student Name: _____ Birth date: _____ Age: _____ Gender: M / F
 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) 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	Noncontact sports
Basketball Diving Football Ice hockey Soccer Wrestling	Baseball Field events High jump Pole vault Gymnastics Softball	Cheerleading Floor Hockey Cross-country skiing Downhill skiing Girls Lacrosse Volleyball
		Badminton Dance Field Golf Discus Running Shot put 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
Alpine ski racing Cross-country running Distance running Football Ice hockey Nordic ski racing Sprint running Wrestling	Badminton Baseball Dance Lacrosse Soccer Softball Swimming Tennis Volleyball	Cheerleading Diving Field events Gymnastics	Golf

(3) Requires further evaluation before a final recommendation can be made.

Additional recommendations for the school or parents: _____

(4) Not cleared for: All sports Certain sports: _____

Reason: _____

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 _____

Print name _____

Address _____

Phone _____

COPY THIS CLEARANCE FORM FOR THE ATHLETE TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE PPE FORM IN THE ATHLETE'S MEDICAL RECORD.

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

IMMUNIZATIONS [Consider tD (age 12) ; MMR (2 required); hep B (3 required); varicellan (or history of disease); poliomyelitis; influenza]

Up to date (see attached school documentation) Not up to date Specify _____

Immunizations given today: _____

EMERGENCY INFORMATION

Allergies

Other Information

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Personal physician _____

Reference: Preparticipation Physical Evaluation (Third Edition): AAFP, AAP, AMSSM, AOSSM, AOASM ; McGraw-Hill, 2004.