FRONT of 2-sided form —Physical Examination Form — MUST COMPLETE AND SIGN BOTH SIDES

Minnesota State High School League

PHYSICAL EXAMINATION FORM

Student Name:________________________________

History *Circle Yes (Y) or No (N)*

Have you or do you have:

1. An injury or illness since your last exam? Y / N
2. A chronic or ongoing illness? Y / N
3. Ever been hospitalized? Y / N
4. Ever had surgery? Y / N
5. Allergies to medications, bee stings, pollens, or foods? Y / N
6. A heart murmur? Y / N
7. High blood pressure or hypertension? Y / N
8. Been restricted from sports for heart problems? Y / N
9. Ever had a concussion or a head injury? Y / N
10. Been knocked out or had memory loss? Y / N
11. Asthma? Y / N
12. A severe viral infection in the last month? Y / N

During or after exercise have or do you ever:

13. Excessive fatigue with exercise? Y / N
14. Had a rash or hives develop? Y / N
15. Fainted or felt dizzy? Y / N
16. Had chest pain? Y / N
17. Had shortness of breath? Y / N
18. Had racing heart or skipped heartbeats? Y / N
19. Do you tire more easily than your friends? Y / N
20. Become ill from exercising in the heat? Y / N
21. Wheeze, cough, or have trouble breathing? Y / N
22. Has any family member or relative:
    - Died of a heart problem before age 35? Y / N
    - Died of a heart problem before age 50? Y / N
    - Had heart disease and lived? Y / N
    - Died with no known reason? Y / N
    - Had Marfan's Syndrome? Y / N
23. In the last year what was your highest weight? ____
    In the last year what was your lowest weight? ____
24. What do you think is your ideal weight? ____
25. Female athletes
    - Do you have regular menstrual periods? Y / N
    - At what age was your first period? ____
    - When was your most recent menstrual period? ____
    - What is the longest time between periods? ____
    - How many periods did you have in the last year? ____
26. Immunization dates:
    DT ______ Hepatitis B ______
    MMR ______ Chickenpox ______
27. Have you had? *(Circle)*

abnormal bleeding	hearing loss	single organ
abnormal bruising	hepatitis	sprain
anemia	mononucleosis	stinger
broken bones	rheumatic fever	stress fractures
diabetes	scoliosis	undescended testicle
dislocation	seizures	viral myocarditis
eye loss	sickle cell disease	vision loss

28. Do you use any special equipment? Y / N
29. Are there other concerns you have? Y / N
30. List any medication or pills you take None
    (Include over-the-counter, vitamins, supplements)
    ____
    ____

Physical Examination

Ht____ Wt____ Arm Span _____ Glasses Y / N
Vision — R:20/____ L:20/____ Contact Lenses Y / N
Heart Rate _____ BP____/____ Eye Protection Y / N
Mouthguard Y / N

HEENT		Notes	Exam Station Initials
Anisocoria	N / Y		
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		
Pulses (rad,fem)	Nrl / Abnrl		
Abdomen	Nrl / Abnrl		
Genitalia (male)	Nrl / Abnrl		
Tanner Stage (optional)	I II III IV V		
Hernia	N / Y		
Skin	Nrl / Abnrl		
Body Fat % (optional)			

Musculoskeletal Screen

Neck	Nrl / Abnrl	Quad/ham	Nrl / Abnrl
Shlder	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: ________________________

Immunizations given today:________________

Physician Signature Date of Exam

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities. I authorize the release of information contained in this document to the school nurse, athletic trainer, coaches, medical providers and any other school personnel involved in the care of this student. Upon written request, I may receive a copy of this document for my personal health care provider.

Parent or Legal Guardian Signature Date

Athlete Signature Date

Reviewed 6-21-04