

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

Minnesota State High School League  
**PHYSICAL EXAMINATION FORM**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 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) or (2) or (3) below]*

- (1) Participate in all school interscholastic activities.
- (2) Participate in any activity not crossed out below.

*Sport classification based on contact*

Collision contact sports	Limited contact sports	Non-contact sports
Adapted Soccer Basketball Diving Football Ice Hockey Lacrosse Soccer Wrestling	Adapted Softball Baseball Cheerleading Field Events high jump pole vault Floor Hockey Gymnastics Alpine Skiing Nordic Ski Racing Softball Volleyball	Adapted Bowling Badminton Dance Team Field discus shot put Golf Running Swimming Synchronized 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
Basketball Cross Country Running Nordic Ski Racing Alpine Skiing Football Ice Hockey Lacrosse Running Wrestling	Adapted Soccer Adapted Softball Badminton Baseball Dance Team Soccer Softball Swimming Synchronized Swimming Tennis Volleyball	Cheerleading Diving Field Events Gymnastics	Adapted Bowling Golf

Limitations are due to: \_\_\_\_\_

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

Further evaluation required: \_\_\_\_\_

Additional recommendations for the school or parents: \_\_\_\_\_

I have examined the above-named student and completed the 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 of Physical Exam: \_\_\_\_\_

Attending Physician (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

KEEP THIS FORM IN THE ATHLETE'S  
 MEDICAL RECORD AND COPY THIS  
 SIDE FOR THE ATHLETE TO RETURN TO  
 THE SCHOOL

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

Year 2      Year 3