

**COPY** Medical Eligibility Form for the student to return to the school. **KEEP** the complete document in the student's medical record.

# 2020-2021 SPORTS QUALIFYING PHYSICAL EXAMINATION MEDICAL ELIGIBILITY FORM

## Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed medically eligible to: (Check Only One Box)

- (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	Non-contact Sports
Basketball Cheerleading Diving Football Gymnastics Ice Hockey Lacrosse Alpine Skiing Soccer Wrestling	Baseball Field Events: ❖ High Jump ❖ Pole Vault Floor Hockey Nordic Skiing Softball Volleyball	Badminton Bowling Cross Country Running Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Swimming Tennis Track

Sport Classification Based on Intensity & Strenuousness			
	A. Low (<40% Max O <sub>2</sub> )	B. Moderate (40-70% Max O <sub>2</sub> )	C. High (>70% Max O <sub>2</sub> )
Increasing Static Component ↑↑↑↑↑ III. High (>50% MVC) II. Moderate (20-50% MVC) I. Low (<20% MVC)	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*	
	Diving*†	Dance Team Football* Field Events: ❖ High Jump ❖ Pole Vault*† Synchronized Swimming† Track — Sprints	Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming†
	Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball	Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance

- (3) Requires additional evaluation before a final recommendation can be made.  
Additional recommendations for the school or parents: \_\_\_\_\_  
\_\_\_\_\_

- (4) Not medically eligible for:  All Sports  
 Specific Sports  
Specify \_\_\_\_\_

**Sport Classification Based on Intensity & Strenuousness:** This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO<sub>2</sub>) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in lightest shading and the highest in darkest shading. The graduated shading in between depicts low moderate, moderate, and high moderate total cardiovascular demands. \*Danger of bodily collision. †Increased risk if syncope occurs. Reprinted with permission from: Maron BJ, Zipes DP. 36th Bethesda Conference: eligibility recommendations for competitive athletes with cardiovascular abnormalities. *J Am Coll Cardiol.* 2005; 45(8):1317-1375.

I have examined the student named on this form and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. The athlete does not have apparent clinical contraindications to practice and participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Provider Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_  
Print Provider Name: \_\_\_\_\_  
Office/Clinic Name \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IMMUNIZATIONS** [Tdap; meningococcal (MCV4, 2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); hep A (2 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual)]

- Up to date (see attached school documentation)  Not reviewed at this visit

**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

### EMERGENCY INFORMATION

**Allergies** \_\_\_\_\_  
**Other Information** \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Personal Provider \_\_\_\_\_ Office Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This form is valid for 3 calendar years from above date with a normal Annual Health Questionnaire.

**FOR SCHOOL ADMINISTRATION USE:**  [Year 2 Normal]  [Year 3 Normal]

## 2020-2021 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

### Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**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 doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you been hit, kicked, slapped, punched, sexually abused, inappropriately touched, or threatened with harm by anyone close to you?
5. Have you ever tried cigarette, cigar, pipe, e-cigarette smoking, or vaping, even 1 or 2 puffs? Do you currently smoke?
6. During the past 30 days, did you use chewing tobacco, snuff, or dip?
7. During the past 30 days, have you had any alcohol drinks, even just one?
8. Have you ever taken steroid pills or shots without a doctor's prescription?
9. Have you ever taken any medications or supplements to help you gain or lose weight or improve your performance?
10. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.

**Notes About Follow-Up Questions:**

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL EXAM

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI (optional) \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Arm Span \_\_\_\_\_  
 Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision: R 20/ \_\_\_ L 20/ \_\_\_ Corrected: Y / N Contacts: Y / N Hearing: R \_\_\_ L \_\_\_ (Audiogram or confrontation)

Exam	Normal	Abnormal Findings	Initials*
<b>Appearance</b>			
Circle any Marfan stigmata present	→	Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency	
<b>HEENT</b>			
Eyes			
Fundoscopy			
Pupils			
Hearing			
<b>Cardiovascular<sup>a</sup></b>			
Describe any murmurs present (standing, supine, +/- Valsalva)	→		
Pulses (simultaneous femoral & radial)			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Tanner Staging (optional)</b>	Circle	I II III IV V	
<b>Skin</b> (No HSV, MRSA, Tinea corporis)			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			
Functional (Double-leg squat test, single-leg squat test, and box drop or step drop test)			

<sup>a</sup>Consider ECG, echocardiogram, and/or referral to cardiology for abnormal cardiac history or examination findings

\* For Multiple Examiners

Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_

- Health Maintenance:  Lifestyle, health, immunizations, & safety counseling     Discussed dental care & mouthguard use  
 Discussed Lead and TB exposure – (Testing indicated / not indicated)     Eye Refraction if indicated