**SOUTH DAKOTA HIGH SCHOOL**
**ACTIVITIES ASSOCIATION**
**PHYSICAL EXAMINATION FORM**

**NAME** ______________________  **GRADE** _______  **DATE OF BIRTH** ________

**CHECK ONE:** ___ MALE  ___ FEMALE  (2019-20 School Year)

1. Blood pressure (sitting) _______ / _______  Repeat in 5 minutes, if elevated _______ / _______

2. Height ______________________

3. Weight ______________________

4. Vision 20/_________ (L)  20/_________ (R)  
   Normal  Abnormal  COMMENTS

5. Head ______________________

6. Mouth (dentures, braces?) ______________________

7. Eyes (contacts?) ______________________

8. Chest/lung ______________________

9. Heart
   a. Heart sounds ______________________
   b. Murmurs ______________________
   c. pulse (rad. vs fem.) ______________________
   d. rhythm ______________________

10. Abdomen
   a. liver or spleen ______________________
   b. masses ______________________

11. Genitalia (males only)
   a. hernias ______________________
   b. testes ______________________

12. Orthopedic
   a. cervical spine ______________________
   b. shoulder shrug ______________________
   c. deltoid ______________________
   d. arms/elbow ______________________
   e. hands ______________________
   f. hips ______________________
   g. knees ______________________
   h. ankles ______________________
   i. Scoliosis ______________________

**SPORTS PARTICIPATION RECOMMENDED FOR:**

_____ Cleared for ALL (collision, contact/endurance sports, and other sports)

_____ Cleared only for contact/endurance sports and other sports

_____ Cleared only for other sports

**Definition:** [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

_____ Cleared for ALL, but with recommendations for further evaluation or treatment for ______________________

_____ Above clearance to be granted only after ______________________

_____ Clearance cannot be given at this time because ______________________

**NAME OF EXAMINER (PRINT) ___________  DATE ___________, 20________

**SIGNATURE OF EXAMINER**

**NOTE:** The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.

Revised 04-19  PHYS – 1C
Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ____________________________ Date of birth ____________________________

Name ____________________________ Age ____________ Grade ____________ School ____________________________

Sex ____________ Date ____________________________

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Do you have any allergies? __ Yes __ No __

If yes, please identify below. __________

☐ Medicines ☐ Food ☐ Cockroaches ☐ Pollen ☐ Pollen ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason? __ Yes __ No __

2. Do you have any ongoing medical conditions? If so, please identify below. __________

☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections

3. Have you ever spent the night in the hospital? __ Yes __ No __

4. Have you ever had surgery? __ Yes __ No __

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out during or after exercise? __ Yes __ No __

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? __ Yes __ No __

7. Does your heart ever race or skip beats (irregular beats) during exercise? __ Yes __ No __

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: __________

☐ High blood pressure ☐ A heart murmur __________

☐ High cholesterol ☐ A heart infection __________

☐ Kawasaki disease ____________ Other: __________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/ST, echocardiogram) __ Yes __ No __

10. Do you get lightheaded or feel more short of breath than expected during exercise? __ Yes __ No __

11. Have you ever had an unexplained seizure? __ Yes __ No __

12. Do you get more tired or short of breath more quickly than your friends during exercise? __ Yes __ No __

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? __ Yes __ No __

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? __ Yes __ No __

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? __ Yes __ No __

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? __ Yes __ No __

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? __ Yes __ No __

18. Have you ever had any broken or fractured bones or dislocated joints? __ Yes __ No __

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or splint? __ Yes __ No __

20. Have you ever had a stress fracture? __ Yes __ No __

21. Have you ever been told that you have or have you had an x-ray for neck instability or scoliosis instability? (Down syndrome or dwarfism) __ Yes __ No __

22. Do you regularly use a brace, orthotics, or other assistive device? __ Yes __ No __

23. Do you have a bone, muscle, or joint injury that bothers you? __ Yes __ No __

24. Do any of your joints become painful, swollen, feel warm, or look red? __ Yes __ No __

25. Do you have any history of juvenile arthritis or connective tissue disease? __ Yes __ No __

Explain "yes" answers here __________________________________________________________

__________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ____________________________ Signature of parent/guardian ____________________________ Date ____________________________

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT

I hereby give my consent for ___________________________  GRADE ____________

Name (Please Print)  2019-20 School Year

who was born at ____________________________________________  City, Town, County, State

on _______________ to compete in SDHSAA approved athletics for ___________________________ High School

Date of Birth
during the 2019-20 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Date __________________, 20___  Signed__________________________________  Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INITIAL PRE-PARTICIPATION HISTORY

SEE REVERSE SIDE FOR

HEALTH HISTORY QUESTIONNAIRE