Page 1 of 5

COPY THIS PAGE for the student to return to the school. KEEP the complete document in the student's medical record.

2025-2026 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)

Increasing Static Component → →

- (1) Participate in all school interscholastic activities without restrictions.
 - (2) Participate in any activity not crossed out below.

Sport C	lassification Based o	on Contact
Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Basketball	Baseball	Badminton
Cheerleading	Field Events:	Bowling
Diving	 High Jump 	Cross Country Running
Football	Long Jump	Dance Team
Gymnastics	Pole Vault	Field Events:
Ice Hockey	 Triple Jump 	 Discus
Lacrosse	Floor Hockey	 Shot Put
Alpine Skiing	Nordic Skiing	Golf
Soccer	Softball	Swimming
Wrestling	Volleyball	Tennis
-		Track

(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 28

Sports	
Specify	

III. High (>50% MVC)	Field Events: ♦ Discus ♦ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*	
II. Moderate (20-50% MVC)	Diving*†	Dance Team Football* Field Events:	Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming†
I. Low (<20% MVC)	Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball	Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance
	A. Low (<40% Max O₂)	B. Moderate (40-70% Max O ₂)	C. High (>70% Max O₂)

Sport Classification Based on Intensity & Strenuousness

Increasing Dynamic Component $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$

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 (MaxO₂) 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. Thcreased 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	E-Mail Address:
	uses); HPV (3 doses); MMR (2 doses); hep B (3 doses); hep A (2 doses); varicella (2 doses or OVID-19 (2 doses, 1 dose)] entation) I Not reviewed at this visit
EMERGENCY INFORMATION Allergies	
Other Information	
Emergency Contact:	Relationship
Telephone: (Home)	(Work) (Cell)
Personal Medical Provider	Office Telephone
This form is valid for 3 calendar years from at FOR SCHOOL ADMINISTRATION USE:	oove date with a normal Annual Health Questionnaire.
Reference: Preparticipation Physical E	valuation (5th Edition); AAFP, AAP, ACSM, AMSSM, AOSSM, AOASM; 2019.

2025-2026 SPORTS QUALIFYING PHYSICAL HISTORY FORM (Z02.5)

Minnesota State High School League

Pages 2-5 of this document should be KEPT on file by the medical provider issuing the physical examination. Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Date of examination: Sport(s):	Name:		Date	e of birth:		
Have you had a COVID-19/Influenza/RSV vaccinations? Y / N Pest and current medical conditions: Have you ever had surgery? If yes, list all past surgeries. List current medicines and supplements: prescriptions, over-the-counter, and herbal or nutritional supplements. Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). Patient Health Questionnaire Version 4 (PHQ-4) Voer the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.) Voer the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.) Feeling nervous, anxious, or on edge 0 1 2 3 Not being able to stop or control worrying 0 1 2 3 Teeling adown, depressed, or hopeless 0 1 2 3 Feeling down, depressed, or hopeless 0 1 2 3 (If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, evaluate.) Circle Y fee, N for No, or the question number I you do not know the answer. GENERAL QUESTIONS (If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, evaluate.) Circle Y fee, N for No, or the question mather I you do not know the answer. GENERAL QUESTIONS (V N A Day to have any ongoing medical issues or resource in your provider? (V N A HeART HEALTH QUESTIONS ABOUT YOUP (V N A HEART HE	Date of examination:		Sport(s):			
Past and current medical conditions:	Sex assigned at birth - F, M, or intersex (circle) How do you identify your gender? (F, M, non-binary, or another gender)					
Have you ever had surgeny? If yes, list all past surgeries. List current medicines and supplements: prescriptions, over-the-counter, and herbal or nutritional supplements. Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). Patient Health Questionnaire Varsion 4 (PHQ-4) Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.) Not at all Several days Over half the days Nearly every day Peeling alelo to stop or control worrying 0 1 2 3 The interiment of pleasure in doing things 0 1 2 3 Feeling down, depressed, or hopeless 0 1 2 3 (If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, evaluate.) Circle Y ter, N tor No, or the question number if you do not know the answer. ERNETAL QUESTIONS 1. Do you have any noging medical issues or recent liness? Y IN 2. Has a provider ever denied or restricted your participation in sports for any reason? Y IN 4. Have you ever tody out havy unduel like to discuss with your provider? Y IN 4. Have you ever tody out havy unduer infers extremelse during exercise? Y IN 4. Have you ever tody out havy unduer in the provider of the extremice? Y IN 4. Have you ever tody out havy unduer any tense to during exercise? Y IN 4. Have you ever tody out havy unduer any tense to during exercise? Y IN 4. Have a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. Y IN 4. Have you ever tody out havy unduer problems or had an unexpected or unexplained sudden death before age 35 years (Including dorwn), whereav, of have a plate the tropolem or had an unexpected or unexplained sudden death before age 35 years (Including dorwn), whereav, of have a glate heat problems or and an unexpected or unexplained sudden death before age 35 years (Including dorwn), whereav or have a finder to trading the plate the plate before age 35? Y IN 1. Have you ever had a stress fracture or an implanted defibriliator be	Have you had a COVID-19/Influenza/RSV vaccinations? Y / N					
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6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? Y / N 7. Has a doctor ever told you that you have any heart problems? Y / N 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. Y / N 9. Do you get light-headed or feel shorter of breath than your friends during exercise? Y / N 10. Have you ever had a seizure? Y / N 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? Y / N 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (APCO), long OT syndrome (LQTS), shot QT syndrome (SOTS), Brugada syndrome, or catecholaminergic polymorphi ventricular cardiomyopathy (APCO), long OT syndrome (LQTS), shot QT syndrome (SOTS), Brugada syndrome, or catecholaminergic polymorphi ventricular cardiomyopathy (APCO). Iong OT syndrome (LQTS), shot QT syndrome (SOTS), Brugada syndrome, or catecholaminergic polymorphi ventricular cardiomyopathy (APCO). Iong OT syndrome (LQTS), shot QT syndrome (SOTS), Brugada syndrome, or catecholaminergic polymorphi ventricular tachycardia (CPVT)? 14. Have you ever had a stress fracture or an inplary to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? Y / N 15. Do you have a bone, muscle, ligament, or joint injury that bothers you? Y / N 16. Do you cough, wheeze, or h	4. Have you ever passed out or nearly passed ou					
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30. How old were you when you had your first menstrual period?						Y / N
31. When was your most recent menstrual period?						
32. How many periods have you had in the past 12 months?	31. When was your most recent menstrual period	l?				
	32. How many periods have you had in the past	12 months?				

Notes: ____

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

2025-2026 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM (Z02.5)

Minnesota State High School League

Pages 2-5 of this document should be KEPT on file by the medical provider issuing the physical examination.

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.
- 11. Would you like to have a COVID-19 vaccination?

Notes About Follow-Up Questions:

MEDICAL EXAM

Height	Weight	BMI (optional)	% Body fat	(optional)	_ Arm Span
Pulse	BP in both arms R	/(/) L/	(<u> </u>	
Vision: R 20/_	L 20/ Corrected	Y / N Contacts:	Y / N Hearing: R	L (Audiogra	am or confrontation)

Exam	Normal	Abnormal Findings	Initials**
Appearance			
Circle any Marfan stigmata	\rightarrow	Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly,	
present		arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency	
HEENT			
Eyes			
Fundoscopic			
Pupils			
Hearing			
Cardiovascular*			
Describe any murmurs present	\rightarrow		
(standing, supine, +/- Valsalva)			
Pulses (simultaneous femoral &			
radial)			
Lungs			
Abdomen			
Tanner Staging (optional)	Circle	I II III IV V	
Skin (No HSV, MRSA, Tinea			
corporis)			
Musculoskeletal			
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)			
*Consider ECG, echocardiogram, and/or	referral to ca	ardiology for abnormal cardiac history or examination findings ** For Multi	ple Examiners

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

Additional Notes:

Health Maintenance: Lifestyle, health, immunizations, & safety counseling □ Discussed Lead and TB exposure – (Testing indicated / not indicated)

□ Discussed dental care & mouthguard use □ Eve Refraction if indicated

Provider Signature: _

Date:

ATHLETE WITH DISABILITIES SUPPLEMENT TO THE ATHLETE HISTORY

Minnesota State High School League

Pages 2-5 of this document should be KEPT on file by the medical provider issuing the physical examination.

Name:	Date of birth:	_
 6. Do you regularly use a brace, an assistive device, or a prosther 7. Do you use any special brace or assistive device for sports? 8. Do you have any rashes, pressure sores, or other skin problem 9. Do you have hearing loss? Do you use a hearing aid? 10. Do you have a visual impairment? 11. Do you use any special devices for bowel or bladder function? 12. Do you have burning or discomfort when urinating? 13. Have you had autonomic dysreflexia? 14. Have you ever been diagnosed as having a heat-related or construction? 15. Do you have frequent seizures that cannot be controlled by metaplain "Yes" answers here. 	Y / N NS? Y / N Y / N	

Please indicate whether you have ever had any of the following conditions:

Atlantoaxial instability Radiographic (x-ray) evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Numbness or tingling in arms or hands Numbness or tingling in legs or feet Weakness in arms or hands Weakness in legs or feet Recent change in coordination Recent change in ability to walk Spina bifida Latex allergy	Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N
Latex allergy Explain "Yes" answers here.	Y / N
LAPIAIII 103 AII3WEI3 IIEIC.	

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

Signature of athlete: ______ Signature of parent or guardian: ____

/__ Date: ____/_

Adapted from 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

PI ADAPTED ATHLETICS MEDICAL ELIGIBILITY FORM ADDENDUM

(Use only for Adapted Athletics - PI Division)

Minnesota State High School League

Pages 2-5 of this document should be KEPT on file by the medical provider issuing the physical examination.

The MSHSL has competitive interscholastic Physically Impaired (PI) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics – PI Division.

The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who are medically eligible to compete in competitive athletics. A student is administratively eligible to compete in the PI Division with one of the two following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below: (*Must be diagnosed and documented by a Physician, Physician's Assistant, and/or Advanced Practice Nurse.*)

 1.
 ______Neuromuscular
 Postural/Skeletal
 ______Traumatic

 ______Growth
 ______Neurological Impairment

 Which:
 ______affects Motor Function
 ______modifies Gait Patterns

(Optional) _____ Requires the use of prosthesis or mobility device, including but not limited to canes, crutches, walker or wheelchair.

2. Cardio/Respiratory Impairment that is deemed safe for competitive athletics, but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.

(NOTE:) A condition that can be appropriately managed with appropriate medications that eliminate physical or health endurance limitations WILL NOT be considered eligible for adapted athletics.

Specific exclusions to PI competition:

The following health conditions, without coexisting physical impairments as outlined above, do not qualify the student to participate in the PI Division even though some of the conditions below may be considered Health Impairments by an individual's physician, a student's school, or government agency. This list is not all-inclusive and the conditions are examples of non-qualifying health conditions; other health conditions that are not listed below may also be non-qualifying for participation in the PI Division.

Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Emotional Behavioral Disorder (EBD), Autism spectrum disorders (including Asperger's Syndrome), Tourette's Syndrome, Neurofibromatosis, Asthma, Reactive Airway Disease (RAD), Bronchopulmonary Dysplasia (BPD), Blindness, Deafness, Obesity, Depression, Generalized Anxiety Disorder, Seizure Disorder, or other similar disorders.

Student Name
Provider (PRINT)
Provider (SIGNATURE)
Date of Exam