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)

☐ **(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	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**

Sports
Specify _____

Sport Classification Based on Intensity & Strenuousness

Increasing Static Component →	A. Low (<40% Max O_2)	B. Moderate (40-70% Max O_2)	C. High (>70% Max O_2)
III. High (>50% MVC)	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*	
II. Moderate (20-50% MVC)	Diving*†	Dance Team Football* Field Events: ❖ High Jump ❖ Long Jump ❖ Pole Vault*† ❖ Triple Jump Synchronized Swimming† Track — Sprints	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

Increasing Dynamic Component → → → → →

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 ($MaxO_2$) 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); COVID-19 (2 doses, 1 dose)]

☐ Up to date (see attached school documentation) ☐ Not reviewed at this visit
IMMUNIZATIONS GIVEN TODAY: _____

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 above date with a normal Annual Health Questionnaire.
FOR SCHOOL ADMINISTRATION USE: ☐ [Year 2 Normal] ☐ [Year 3 Normal]

Reference: Preparticipation Physical Evaluation (5th Edition): AAFP, AAP, ACSM, AMSSM, AOSSM, AOASM; 2019.

2025-2026 FOOMKA TAARIIKHDA JIRKA EE UQALMITAANKA CIYAARAHA (Z02.5)

Horyaalka Dugsiga Sare ee Gobolka Minnesota

Bogagga 2-6 ee dukumiintigan waa inuu fayl KU HAYAA dhakhtarka sameynaya baaritaanka jirka.

Fiiro Gaar ah: Buuxi oo saxiix foomkan (iyadoo ay waalidiintaada kula joogaan haddii aad kayar tahay 18 sano) kahor ballantaada.

Magaca: _____ Taariikhda dhalashada: _____
Taariikhda baaritaanka: _____ Ciyaarta(ciyaaraha): _____
Jinsiga laguu asteeyey waqtigi dhalashada - Dhedig, Lab, ama labeeb (goobo geli) Sidee u aqoonsan tahay jinsigaaga? (Dhedig, Lab, jinsi-laawe, ama jinsi kale)
Ma qaadatay tallaalada COVID-19/hargabka/RSV? HAA / MAYA
Xaaladaha caafimaad ee hore iyo kuwa hadda jira: _____
Weligaa ma lagugu sameeyey qalliin? Haddii ay haa tahay, qor dhammaan qalliimadi hore.
_____
Qor daawooyinka iyo kaalmaatiyada ee hadda la qaato: daawooyinka dhakhtar uu qoray, kuwa la iska soo iibsaday, iyo daawo-dhireedka ama daawada kaalmaatiyada nafaqada.
_____
Ma leedahay wax xasaasiyad alarji ah? Haddii ay tahay haa, fadlan qor dhammaan xasaasiyadahaaga (sida, daawooyinka, manka, cuntada, qaniinyada cayayaanka).
_____

Su'aalo Weydiinta Caafimaadka Bukaanka Nooca 4-aad (PHQ-4)

Labadi toddobaad ee lasoo dhaafay, ilaa intee in la'eg ayey ku dhibeen mid kasta oo kamid ah dhibaatooyinka soo socda? (Goobo geli jawaabta.)

	Maya haba yaraatee	Dhowr maalmood	In ka badan kala bar maalmaha	Ku dhawaad maalin kasta
Dareemidda walwal, walaac, ama walbahaar	0	1	2	3
Aan awoodin inuu joojiyo ama xakameeyo welwelka	0	1	2	3
Xiiso ama ku raaxeysi yar marka wax la sameynayo	0	1	2	3
Dareemidda niyad-jab, murugo ama rajo-la'aan	0	1	2	3

(Haddii isugeynta jawaabaha aad kabixisay su'aalaha 1 & 2 ama 3 & 4 ay la'eg yihiin ama ka badan yihiin ≥3, is-baar.)

Goobo geli Y wixi Haa ah, N wixi Maya ah, ama lambarka su'aasha haddii aadan garanaynin jawaabta.

SU'AALAHA GUUD

1.Ma qabtaa wax walaacyo ah ee aad jeclaan lahayd inaad kala hadasho dhakhtarkaaga? ..... Y / N
2. Weli dhakhtar makaa reebay ama makuu diiday inaad kaqeybgasho ciyaaraha sabab kasta oo ay noqotaba? ..... Y / N
3. Ma qabtaa wax arrimo caafimaad ah oo socdo ama jirro dhawaan ah? ..... HAA / MAYA

SU'AALAHA CAAFIMAADKA WADNAHA EE KUSAABSAN ADIGA[a]

4. Waligaa ma suuxday ama suuxi gaartay inti lagu jiray ama kadib jimicsiga? ..... Y / N
5. Waligaa ma dareentay culeys, xanuun, ciriiri, ama cadaadis saaran xabadkaaga inti lagu jiray jimicsiga? ..... Y / N
6. Wadnahaagu waligiis xoog ma u garaacmay, ruxay xabadkaaga ama bood-booday (garaac aan joogto ahayn) inti lagu jiray jimicsiga? ..... Y / N
7. Waligaa dhakhtar ma kuu sheegay inaad qabto xanuuno wadnaha ah? ..... Y / N
8. Waligaa dhakhtar ma kaa codsaday in wadnahaaga baaritaan lagu sameeyo? Tusaale ahaan, tijaabada qaabka socodka korontada (ECG) ama dhawaqa ee wadnaha. ..... Y / N
9. Ma dareentaa xoogaa fudeyd madaxa ah ama neefsasho gaagaaban marka loo eego asxaabtaada inta lagu jiro jimicsiga? ..... Y / N
10. Weligaa ma kugu dhacay qallal? ..... HAA / MAYA

SU'AALAHA CAAFIMAADKA WADNAHA EE KUSAABSAN QOYSKAAGA[a]

11. Qof katirsan qoyska ama qaraabo kula ah ma u dhintay xanuun xagga wadnaha ah ama ma u dhintay si kadis ah oo aan la fileynin ama aanan la sharraxin kahor da'da 35 sano (oo ay ku jiraan ku qarqashada biyo ama shil gaari oo aan la sharraxin)? ..... HAA / MAYA
12. Ma jiraa qof qoyskaaga ka mid ah oo qaba dhibaatada hidde-sidaha wadnaha sida xannuunka murqaha wadnaha adeyga noqda (HCM), Cillada la iska dhaxlo ee Isbaddalka kuyimaada Sameyska Jirka, cillada xirmashada qeybta midig ee wadnaha (ARVC), xanuunka qabatinka dheer (LQTS), xanuunka qabatinka gaaban (SQTS), Xanuunka Wadna Garaaca ee aadka u daran, ama xanuunka khalkhalka wadnaha (CPVT)? ..... Y / N
13. Ma jiraa qof qoyskaaga kamid ah oo lagu xiray qalabka macmalka ee soo saara garaaca wadnaha, ama qalabka macmalka ah ee la socda garaaca wadnaha kahor da'da 35 sano? ..... HAA / MAYA

SU'AALAHA KUSAABSAN LAFAHA IYO KALA-GOYSYADA

14. Waligaa ma kugu dhacay jabitaan uu keenay culeys saarmay ama dhaawac soo gaaray lafaha, murqaha, murqaha iskuhaya xubnaha jirka, kala-goysyada, ama seedaha oo sababay inuu ku dhaafo tababar ama ciyaar? ..... Y / N
15. Ma qabtaa dhaawac kaa soo gaaray lafaha, murqaha, seedaha ama kala-goysyada oo ku dhibaayo? ..... HAA / MAYA

SU'AALAHA CAAFIMAADKA

16. Ma qufacdaa,feeraha maku shanqaraan, ama neefsashada makugu culustahay inta lagu jiro ama kadib jimicsiga? ..... Y / N
17. Ma kaa maqan tahay kelli, il, xaniin, beeryaradaada, ama xubin kale? ..... HAA / MAYA
18. Xanuun maka dareentaa gumaarka ama xaniinyaha ama barar xanuun badan ama sheello agagaarka gumaarka? ..... Y / N
19. Ma qabtaa wax finan soo noqnoqday ah, ama finan kaasoo baxa oo hadana iska baaba'a, ay kamid yihiin cudurka cadhada, ama caabuqa daawada u adkeysta (MRSA)? ..... Y / N
20. Ma kugu dhacay miyir dabool ama dhaawac madaxa ah oo kugu keenay jah wareer, madax-xanuun daba dheeraaday, ama dhibaatooyinka xusuusta? ..... Y / N
21. Waligaa ma yeelatay kabuubyo, jirririco, tabar darri gacmahaaga ama lugahaaga, ama inaadan awoodin inaad dhaq-dhaqaajiso gacmahaaga ama lugahaaga kadib marka ay wax kugu dheceen ama aad kuftay? ..... Y / N
22. Weligaa ma ku xanuunsatay adigoo ku jimicsanaya kulaylka? ..... Y / N
23. Adiga ama qof qoyskaaga ka mid ah ma qabaa cillada ama cudurka khalkhalka unugyada dhiiga cas? ..... Y / N
24. Waligaa ma yeelatay ama wax dhibaatooyin ah maka qabtaa indhahaaga ama aragaaga? ..... Y / N
25. Maka walwashaa miisaankaaga? ..... Y / N
26. Ma isku dayeysaa ama qof makugula taliyey inaad kordhiso ama aad dhinto miisaanka? ..... Y / N
27. Ma waxaad tahay qof ay u go'an tahay inuu qaato cunto gaar ah ama ma iska ilaalisaa noocyo cuntooyin ama kooxo cuntooyin oo gaar ah? .. Y / N
28. Weligaa ma kugu dhacday cunto-cunis xumo? ..... HAA / MAYA

SU'AALAHA KUSAABSAN CAADADA DHIIGA

29. Waligaa makugu dhacay dhiiga caadada dumarka? ..... Y / N
30. Meeqa sano ayaad jirtay markii kuugu horreysay ee uu kugu dhacay dhiiga caadada? _____

31. Goorma ayuu ahaa dhiigi caadada ee kuugu dambeeyey? _____
32. Meeqa jeer ayuu kugu dhacay dhiiga caadada 12-ki bilood ee lasoo dhaafay? _____

Xusuusin: _____
_____

Halkan waxaan ku caddeynayaa in, ilaa inta garashadeyda ah, jawaabaha aan ka bixiyey su'aalaha kujira foomkan ay yihiin kuwo dhammeystiran oo sax ah.

Saxiixa ciyaartoyga: _____ Saxiixa waalidka ama qofka masuulka ka ah:
_____
Taariikhda: ___/_____/_____

2025-2026 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

Minnesota State High School League

Pages 2-6 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 _____ /_____ (_____/ _____)
Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Hearing: R____ L____ (Audiogram or confrontation)

Exam	Normal	Abnormal Findings	Initials**
Appearance			
Circle any Marfan stigmata present	→	Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency	
HEENT			
Eyes			
Fundoscopic			
Pupils			
Hearing			
Cardiovascular*			
Describe any murmurs present (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 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

Provider Signature: Date:

DHAMMEYSTIRKA TAARIIKHDA CIYAARTOYGA EE CIYAARTOYGA NAAFADA AH

Horyaalka Dugsiga Sare ee Gobolka Minnesota

Bogagga 2-6 ee dukumiintigan waa inuu fayl KU HAYAA dhakhtarka sameynaya baaritaanka jirka.

Magaca: _____ Taariikhda dhlashada: _____

1. Nooca naafonimada:
2. Taariikhda naafonimada:
3. Kala soocidda (haddii la heli karo):
4. Sababta keentay naafonimada (kudhashay, xanuun, dhaawac, ama sabab kale):
5. Qor ciyaaraha aad ciyaareyso:

6. Si joogta ah hawlaha maalinlaha ah ma u isticmaashaa qalabka addimaha isku xajiya, qalabka caawinta, ama qalabka macmalka ah ee baddala addimaha? Y / N
7. Maa u isticmaashaa ciyaaraha qalabka addimaha isku xajiya, qalabka caawinta? Y / N
8. Ma qabtaa wax finan ah, nabarrada cadaadisku keeno, ama dhibaatooyin kale oo maqaarka ah? Y / N
9. Ma jirtaa maqal la'aan aad qabto? Ma isticmaashaa qalabka caawinta maqalka? Y / N
10. Ma qabtaa ciilad aragga ah? Y / N
11. Ma u isticmaashaa wax qalab gaar ah oo loogu talagalay hawlaha mindhicrada ama kaadi-haysta? Y / N
12. Maku gubtaa ama maku xanuujisaa kaadida marka aad kaadineyso? Y / N
13. Ma kugu dhacay kicitaanka neerfaha oo iskood ah? Y / N
14. Waligaa ma lagugu sheegay inaad qabto jirro la xariirto kuleylaha ama qaboobaha? Y / N
15. Ma qabtaa xanuun kakanaanta murqaha? Y / N
16. Ma qabtaa qallal joogta ah oo aanan lagu xakameyn karin daaweyn? HAA / MAYA

Halkan ku sharrax jawaabaha ah "Haa".

_____
_____
_____

Fadlan sheeg haddii aad waligaa isku aragtay mid ka mid ah xaaladaha soo socdo:

Fadhi la'aanta lafta luqunta	Y / N
Baaritaanka shucaaca (raajitada) ee Fadhi la'aanta lafta luqunta	Y / N
Kala-goysyada booskooda ka baxay (in kabadan hal)	Y / N
Dhiigbax fudud	Y / N
Beeryarada oo wayn	Y / N
Cagaarshow	Y / N
Lafo beelka ama lafo jileeca	Y / N
Ku adag tahay saxaro cesashada	Y / N
Ku adag tahay kaadi cesashada	Y / N
Kabuubyada ama jiriricada cududaha ama gacmaha	Y / N
Kabuubyada ama jiriricada lugaha ama cagaha	Y / N
Tabardarrida cududaha ama gacmaha	Y / N
Tabardarrida lugaha ama cagaha	Y / N
Isbeddel dhawaan ku yimid iskuxirnaanshaha jirka	Y / N
Isbeddel dhawaan ku yimid awoodda socodka	Y / N
Cillada lagu dhasho ee burada laf-dhabarta	Y / N
Xasaasiyadda cinjirka	HAA / MAYA

Halkan ku sharrax jawaabaha ah "Haa".

_____
_____
_____

Halkan waxaan ku caddeynayaa in, ilaa inta garashadeyda ah, jawaabaha aan ka bixiyey su'aalaha kujira foomkan ay yihiin kuwo dhammeystiran oo sax ah.

Saxiixa ciyaartoyga: _____ Saxiixa waalidka ama qofka masuulka ka ah: _____

Taariikhda: ____/____/_____

Waxaa laga soo xigtay *Akadeemiyada Mareykanka 2019 ee Dhakhaatiirta Qoyska, Akademiyada Maraykanka ee Dhakhaatiirta Carruurta, Kulliyada Mareykanka ee Dawada Ciyaaraha, Ururka Daawada Mareykanka ee Dawada Ciyaaraha, Ururka Toosinta Lafaha Mareykanka ee Dawada Ciyaaraha, iyo Akadeemiyada Wax Kaqabashada Qaabdhismeedka Jirka Mareykanka ee Dawada Ciyaaraha.*

2025-2026 PI ADAPTED ATHLETICS MEDICAL ELIGIBILITY FORM ADDENDUM

(Use only for Adapted Athletics - PI Division)

Minnesota State High School League

Pages 2-6 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 _____