



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

**PAGE 1**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

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

2. Height \_\_\_\_\_

3. Weight \_\_\_\_\_

4. Vision 20/\_\_\_\_\_(L) 20/\_\_\_\_\_(R)

5. Head

6. Mouth (dentures, braces?)

7. Eyes (contacts?)

8. Chest/lung

9. Heart

a. Heart sounds

b. Murmurs

c. pulse discrepancy (rad. vs fem.)

d. abnormal rhythm

10. Abdomen

a. liver or spleen enlargement

b. masses

11. Genitalia

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

**Normal**

**Abnormal**

**COMMENTS**

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13. Tanner Maturation Index (Optional)

Circle: I II III IV V

**SPORTS PARTICIPATION RECOMMENDED FOR:**

\_\_\_\_\_ All Sports: collision, contact/endurance, other

\_\_\_\_\_ Contact/Endurance Sports only due to

\_\_\_\_\_ Other Sports Only due to

\_\_\_\_\_ Sports Participation Not Recommended, due to

\_\_\_\_\_ Approval Withheld Pending evaluation for

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

NAME OF EXAMINER \_\_\_\_\_ DATE \_\_\_\_\_

**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 Physicians Assistant and licensed Nurse Practitioner.

# PRE-PARTICIPATION HISTORY

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(This form must be completed prior to the taking of a physical examination.)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

	YES	NO		YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	_____	_____	30. Have you had a herpes skin infection?	_____	_____
2. Do you have an ongoing medical condition (like diabetes or asthma)?	_____	_____	31. Have you ever had a head injury or concussion?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?	_____	_____	32. Have you been hit in the head and been confused or lost your memory?	_____	_____
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	_____	_____	33. Have you ever had a seizure?	_____	_____
5. Have you ever passed out or nearly passed out DURING exercise?	_____	_____	34. Do you have headaches with exercise?	_____	_____
6. Have you ever passed out or nearly passed out AFTER exercise?	_____	_____	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	_____	_____
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	_____	_____	36. Have you ever been unable to move your arms or legs after being hit or falling?	_____	_____
8. Does your heart race or skip beats during exercise?	_____	_____	37. When exercising in the heat, do you have severe muscle cramps or become ill?	_____	_____
9. Has a doctor ever told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?	_____	_____	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell anemia?	_____	_____
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	_____	_____	39. Have you had any problems with your eyes or vision?	_____	_____
11. Has anyone in your family dies for no apparent reason?	_____	_____	40. Do you wear glasses or contact lenses?	_____	_____
12. Does anyone in your family have a heart problem?	_____	_____	41. Do you wear protective eyewear, such as goggles or a face shield?	_____	_____
13. Has any family member or relative dies of heart problems or of sudden death before age 50?	_____	_____	42. Are you happy with your weight?	_____	_____
14. Does anyone in your family have Marfan Syndrome?	_____	_____	43. Are you trying to gain or lose weight?	_____	_____
15. Have you ever spent the night in a hospital?	_____	_____	44. Has anyone recommended you change your weight or eating habits?	_____	_____
16. Have you ever had surgery?	_____	_____	45. Do you limit or carefully control what you eat?	_____	_____
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game?	_____	_____	46. Do you have any concerns that you would like to discuss with a doctor?	_____	_____
18. Have you had any broken or fractured bones or dislocated joints?	_____	_____	47. Are there other sports that you would like to participate in that were not approved at a previous examination?	_____	_____
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	_____	_____	<b>FEMALES ONLY:</b>		
20. Have you ever had a stress fracture?	_____	_____	48. Have you ever had a menstrual period?	_____	_____
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	_____	_____	49. How old were you when you had your first menstrual period? _____		
22. Do you regularly use a brace or assistive device?	_____	_____	50. How many periods have you had in the last 12 months? _____		
23. Has a doctor ever told you that you have asthma or allergies?	_____	_____			
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	_____	_____	<b>Explain "Yes" answers here:</b> _____		
25. Is there anyone in you family who has asthma?	_____	_____	_____		
26. Have you ever used an inhaler or taken asthma medicine?	_____	_____	_____		
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	_____	_____	_____		
28. Have you had infectious mononucleosis (mono) within the last month?	_____	_____	_____		
29. Do you have any rashes, pressure sores, or other skin problems?	_____	_____	_____		

(continue on front side of this form if necessary)

**I do not know of any additional health reason which should keep this student from participating in interscholastic athletics. I certify that the answers to the above questions are true.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Parent or Guardian

**ANNUAL PARENT AND STUDENT CONSENT FORM**  
**South Dakota High School Activities Association**  
**2009-2010 Brandon Valley High School**

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Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. *If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.*

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

**Student Name** (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_

I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for above named student to practice and compete for the above named high school in activities approved by the SDHSAA.

**Parent/Guardian Signature** \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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