

**SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM**  
Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sports: \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed to be physically fit 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 Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Running Swimming Tennis Track

Sport Classification Based on Intensity & Strenuousness				
Increasing Static Component ↑↑↑↑↑ III. High (>50% MVC) ↑↑↑↑ II. Moderate (20-50%) ↑↑↑ I. Low (<20% MVC)	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> )	
	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*	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 further evaluation before a final recommendation can be made.  
 Additional recommendations for the school or parents:  
 \_\_\_\_\_  
 \_\_\_\_\_

- (4) Not cleared for:  All Sports  
 Specific Sports \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_

**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 above named student and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

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

Valid for 3 years from above date with a normal Annual Health Questionnaire.  [Year 2 Normal]  [Year 3 Normal]

**IMMUNIZATIONS** [Consider Td or Tdap (age 12) ; MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis (IPV); influenza]

Up-to-date (see attached school documentation)  Not up-to-date / Specify \_\_\_\_\_

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

**EMERGENCY INFORMATION**

**Allergies** \_\_\_\_\_

**Other Information** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Personal Physician \_\_\_\_\_ Office Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_