

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

## 2024-2025 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 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 Cross Country Running Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Swimming Tennis Track

Sport Classification Based on Intensity & Strenuousness			
Increasing Static Component	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 ❖ Pole Vault*† Synchronized Swimming† Track — Sprints
I. Low (<20% MVC)	Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball	Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming†
		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> )	

- (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 \_\_\_\_\_

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<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 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]

**DAIM FOOS NTSUAM XYUAS LUB CEV YAV TAG LOS RAU QHOV TSIM NYOG UA KIS LAS XYOO 2024-2025**

Lub Xeev Minnesota Pab Pawg Uas Sib Koom Ua Kis Las Hauv Lub Tsev Kawm Ntawv Qib Siab (State High School League)

**Tus kws kho mob uas kuaj tus me nyuam yuav tsum tau muab phab ntawv 2-6 ntawm tsab ntawv no KHAWS CIA.**

Cim Tseg: Sau kom tiav thiab kos npe rau hauv daim foos no (nrog rau koj niam thiab txiv yog tias hluas dua 18 xyoo) ua ntej txog koj qhov kev teem caij.

Lub npe: \_\_\_\_\_ Hnub yug: \_\_\_\_\_

Hnub Tim ntawm Kev Xeem: \_\_\_\_\_ (Cov)Kis Las: \_\_\_\_\_

Qhov hais tias yog tub/txij neej los sis ntxhais/poj niam thaum yug los - Ntxhais, Tub, los sis ib qhov txawv ntawm lub cev (khij voj voos rau ib qho) Koj hais tias koj yog ntxhais los sis tub? (Ntxhais, Tub, Tsis Yog Ntxhais los sis Tub Li, los sis yog yam dab tsi)

Poj niam los txiv neej txij thaum yug los (Poj Niam, Txiv Neej los sis poj niam txiv neej tib si): \_\_\_\_\_ Paub tias koj yog poj niam los txiv neej? (Poj Niam, Txiv Neej, los sis lwm yam): \_\_\_\_\_

Puas yog koj muaj kab mob COVID-19? YOG / TSIS YOG Puas yog koj twb txhaj tshuaj tiv thaiv kab mob COVID-19 lawm? YOG / TSIS YOG 1, 2, los sis 3 koob lawm? (kos voj voom) 1 2 3

Kev kho mob yav dhau los thiab tam sim no: \_\_\_\_\_

Puas yog yav tag los koj tau phais mob los lawm? Yog tias yog, sau cov npe phais mob yav tag.

Sau cov npe tshuaj kho mob thiab cov tshuaj noj tam sim no: tshuaj muaj ntawv yuav, tshuaj tsis siv ntawv yuav thiab cov tshuaj ntsuab los sis tshuaj noj pab txhawb dag zog.

Puas yog yav tag los koj muaj qhov fab tshuaj los sis khoom noj? Yog tias yog, thov sau cov npe uas koj muaj qhov fab (xws li, tshuaj kho mob, cov paj ntoo, khoom noj, cov kab ntsaum tom).

**Lus Nug Txog Kev Noj Qab Haus Huv Ntawm Neeg Mob Daim 4 (PHQ-4)**

*Nyob rau 2 vij dhau los, koj muaj kev meem txom los ntawm cov teeb meem txuas mus no heev npaum li cas?*

*(Kos voj voom rau qhov lus teb.)*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or 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.)

Kos Voj Voom Rau Tus Nab Npawb (1) Qhov Lus Teb. ntawm cov lus nug uas teb tias tsis paub.

Kos voj voom Y rau Qhov YOG los sis N rau Qhov TSIS YOG

**COV LUS NUG RAWNS NCUA DAV**

1. Puas yog koj muaj kev hnyav siab uas koj xav sib tham nrog koj tus kws pab kho mob? ..... YOG / TSIS YOG
2. Puas yog tus kws pab kho mob tau tsis kam lees los sis txwv koj qhov kev mus koom nyob rau hauv cov kis las rau tej lub laj thawj?..... YOG / TSIS YOG
3. Puas yog koj muaj teeb meem txog tshuaj kho mob yam tsis tu ncuu los sis cov mob sai los no? ..... YOG / TSIS YOG

**COV LUS NUG TXOG KEV NOJ QAB HAUS HUV FAB SIAB NTSWS TXOG KOJ<sup>a</sup>**

4. Puas yog koj twb ua tau lawm los sis ua yuav luag tau ncuu sij hawm los sis tom qab kev tawm dag zog? ..... YOG / TSIS YOG
5. Puas yog koj tsis xis nyob, mob, nruj, los sis ceev koj hauv siab nyob rau ncuu sij hawm tawm dag zog? ..... YOG / TSIS YOG
6. Puas yog koj lub plawv dhia, koj lub siab dhia tsis xwm yeem, los sis dhia ceev dhau (dhia tsis xwm yeem) ncuu sij hawm tawm dag zog? ..... YOG / TSIS YOG
7. Puas yog koj tus kws pab kho mob tau qhia koj tias koj muaj teeb meem txog lub plawv? ..... YOG / TSIS YOG
8. Puas yog koj tus kws pab kho mob thov kuaj koj lub plawv? Piv txwv, kev kuaj xyuas hluav taws xob khiav hauv lub plawv (electrocardiography, ECG) los sis kev tsom saib hauv plawv. .... YOG / TSIS YOG
9. Puas yog koj hnov tau tias taub hau sib los sis txog siav tshaj li koj cov phooj ywg ncuu sij hawm tawm dag zog?..... YOG / TSIS YOG
10. Puas yog koj twb tau tsaus muag dua lawm? ..... YOG / TSIS YOG

**COV LUS NUG TXOG KEV NOJ QAB HAUS HUV FAB SIAB NTSWS TXOG KOJ TSEV NEEG<sup>a</sup>**

11. Puas yog tsev neeg los sis tus txheeb ze tau tag sim neej vim cov teeb meem txog plawv los sis tag sim neej tam sim yam uas tsis paub txog los sis piav qhia tsis tau ua ntej muaj hnub nyoo li 35 xyoo (Suav nrog rau poob dej los sis ua tsheb sib too yam xav tsis txog)? ..... YOG / TSIS YOG
12. Puas yog tej tug neeg hauv koj tsev neeg muaj teeb meem plawv raws caj ces xws li kab mob plawv ngawm (hypertrophic cardiomyopathy, HCM), Kab mob Marfan, kab mob leeg plawv muaj roj (arrhythmogenic right ventricular cardiomyopathy, ARVC) kab mob QT ntev (long QT syndrome, LQTS), kab mob QT luv (short QT syndrome, SQTS) kab mob Brugada, los sis kab mob plawv dhia tsis xwm yeem (catecholaminergic polymorphic ventricular tachycardia, CPVT)? ..... YOG / TSIS YOG
13. Puas yog tej tug neeg hauv koj tsev neeg muaj lub plawv hlau los sis muaj lub tshuab pab plawv dhia cog rau hauv lub plawv ua ntej muaj 35 xyoo? ..... YOG / TSIS YOG

**COV LUS NUG TXOG POB TXHA THIAB POB QIB TXHA**

14. Puas yog koj muaj kev ntxov siab txog pob txha dam los sis raug mob rau pob txha, leeg, pob txha sib txuas, qib txha, los sis leeg pob txha uas tsim ua rau koj plam kev xyaum los sis kev ua nkees? ..... YOG / TSIS YOG
15. Puas yog koj raug mob pob txha, leeg, pob txha sib txuas, los sis qib txha uas ua rau koj meem txom? ..... YOG / TSIS YOG

**COV LUS NUG FAB KEV KHO MOB**

16. Puas yog koj hnoos, ua pa nyuaj, los sis muaj qhov sib txawv ntawm kev ua pa thaum ncuu sij hawm los sis tom qab tawm dag zog? ..... YOG / TSIS YOG
17. Puas yog koj tsis muaj ib lub raum, ib lub qhov muag, ib lub noob qes, (txiv neej), koj tus po, los sis lwm yam nqaij nruab nrog cev? ..... YOG / TSIS YOG
18. Puas yog koj muaj mob ncej puab los sis noob qes los sis mob o los sis mob hnyuv hlauv nyob rau ntawm cheeb tsam ncej puab? ..... YOG / TSIS YOG

- 19. Puas yog koj rov tshwm sim ua pob rau ntawm tawm nqaij los sis cov pob uas twb zoo lawm los rov muaj dua, suav nrog rau cov pob ua hlww los sis cov pob uas kis tau los ntawm lwm qhov chaw los (methicillin-resistant Staphylococcus aureus, MRSA)? ..... YOG / TSIS YOG
- 20. Puas yog koj mob tsoo taub hau los sis raug mob taub hau uas tshwm sim los ntawm kev xav ntau yam sib chab sib chaws, mob tau hau ntev, los sis cov teeb meem txog kev nco? ..... YOG / TSIS YOG
- 21. Puas yog koj tes taw loog, caus yaum tes taw, koj sab npab los sis sab ceg tsis muaj zog, los sis tsis tuaj yeem txav tau koj sab npab los sis sab ceg tom qab tsoo los sis poob? ..... YOG / TSIS YOG
- 22. Puas yog koj tau mob thaum uas tawm dag zog nyob rau ntawm qhov uas tshav kub? ..... YOG / TSIS YOG
- 23. Puas yog koj los sis ib tus neeg nyob hauv koj tsev neeg muaj kab mob ntshav liab (sickle cell trait or disease)? ..... YOG / TSIS YOG
- 24. Puas yog koj twb muaj lawm los sis puas yog koj muaj teeb meem txog koj lub qhov muag los sis qhov kev ntsia pom? ..... YOG / TSIS YOG
- 25. Puas yog koj txhawj txog koj qhov hnyav? ..... YOG / TSIS YOG
- 26. Puas yog koj tab tom sim los sis muaj qee leej neeg qhia tias koj qhov hnyav nce ntxiv los sis nqis? ..... YOG / TSIS YOG
- 27. Puas yog koj noj cov khoom noj tshwj xeeb los sis puas yog koj zam qee hom khoom noj los sis cov pawg khoom noj? ..... YOG / TSIS YOG
- 28. Puas yog koj tau muaj mob los ntawm kev noj khoom noj lawm? ..... YOG / TSIS YOG

**LUS NUG TXOG KEV COJ KHAUB NCAWS**

- 29. Puas yog koj twb coj khaub ncaws lawm? ..... YOG / TSIS YOG
- 30. Koj coj khaub ncaws thawj zaug yog thaum koj muaj tsawg xyoo? \_\_\_\_\_
- 31. Koj qhov coj khaub ncaws zaum kawg nkaus no yog thaum twg? \_\_\_\_\_
- 32. Koj coj khaub ncaws pes tsawg zaus nyob rau 12 lub hlis dhau los? \_\_\_\_\_

Cim tseg: \_\_\_\_\_

Kuv thov qhia tias, raws li kuv qhov kev paub uas zoo tshaj plaws, kuv cov lus teb rau cov lus nug nyob rau ntawm daim foos no yog tiav thiab raug.

Kos npe tus neeg ua kis las: \_\_\_\_\_ Kos npe niam txiv los sis tus saib xyuas: \_\_\_\_\_

Hnub tim: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## 2024-2025 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**
<b>Appearance</b>			
Circle any Marfan stigmata present	→	Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency	
<b>HEENT</b>			
Eyes			
Fundoscopy			
Pupils			
Hearing			
<b>Cardiovascular*</b>			
Describe any murmurs present (standing, supine, +/- Valsalva)	→		
Pulses (simultaneous femoral & radial)			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Tanner Staging (optional)</b>	Circle	I II III IV V	
<b>Skin</b> (No HSV, MRSA, Tinea corporis)			
<b>Musculoskeletal</b>			
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: \_\_\_\_\_

Lub Xeev Minnesota Pab Pawg Uas Sib Koom Ua Kis Las Hauv Lub Tsev Kawm Ntawv Qib Siab (State High School League)  
**COV KHOOM NOJ NTXIV RAU TUS NEEG UA KIS LAS UAS MUAJ KEV XIAM OOB QHAB**  
**TXHAWM RAU UA QHOV KEEB KWM NTAWM NEEG UA KIS LAS**

**Tus kws kho mob uas kuaj tus me nyuam yuav tsum tau muab phab ntawv 2-6 ntawm tsab ntawv no KHAWS CIA.**

Lub npe: \_\_\_\_\_ Hnub yug: \_\_\_\_\_

1. Hom kev xiam oob qhab:
2. Hnub tim xiam oob qhab:
3. Kev cais hom (yog tias muaj):
4. Qhov tsim ua rau muaj kev xiam oob qhab (thaum yug los, kab mob, raug mob, los sis lwm yam):
5. Sau cov npe neeg ua kis las uas koj tab tom ua si nrog:
6. Puas yog koj ib txwm siv lub hnab looj, cuab yeej pab txhawb, los sis tes taw cuav txhua-txhua hnub tawm dag zog? YOG / TSIS YOG
7. Puas yog koj siv cov nab looj tshwj xeeb los sis cuab yeej pab txhawb rau cov kev ua kis las? YOG / TSIS YOG
8. Puas yog koj muaj mob ua pob, cov mob nruj, los sis lwm cov teeb meem txog tawv nqaij? YOG / TSIS YOG
9. Puas yog koj hnov lus tsis tshuam zoo? Puas yog koj siv lub cuab yeej pab kev hnov lus? YOG / TSIS YOG
10. Puas yog koj qhov muag pom kev tsis tshuam zoo? YOG / TSIS YOG
11. Puas yog koj siv tej cov cuab yeej tshwj xeeb rau kev ua hauj lwm ntawm txoj hnyuv los sis lub zais zis? YOG / TSIS YOG
12. Puas yog koj twb tau kuaj mob thaum muaj cov mob uas tau cuam tshuam txog qhov kub los sis cuam tshuam qhov txias? YOG / TSIS YOG
13. Puas yog koj muaj tus tsos mob dysreflexia uas yog nws mob nws? YOG / TSIS YOG
14. Puas yog koj twb tau kuaj mob thaum muaj cov mob uas tau cuam tshuam txog qhov kub los sis cuam tshuam qhov txias? YOG / TSIS YOG
15. Puas yog koj muaj cov tsos mob ntxee leeg? YOG / TSIS YOG
16. Puas yog koj tsaus muag tas li uas cov tshuaj kho mob tsis tuaj yeem tswj tau? YOG / TSIS YOG

**Piav qhia cov lus teb tias “Yog” rau ntawm no.**

**Thov qhia seb koj puas tau muaj dua tej cov yam ntxwv mob twg ntawm cov txuas mus no:**

- Yog Tsis Yog YOG / TSIS YOG
- Pob txha caj dab tsi ruaj khov YOG / TSIS YOG
- Kev ntsuam xyuas uas siv cuab yeej hluas taw xob (x-ray) rau pob txha caj dab uas tsi ruaj khov YOG / TSIS YOG
- Cov pob qib txha dhas (ntau tshaj ib) YOG / TSIS YOG
- ntshav tawm tau yooj yim YOG / TSIS YOG
- Tus po nthuav dav loj YOG / TSIS YOG
- Cov kab mob siab YOG / TSIS YOG
- Pob txha khoob los sis pob txha po YOG / TSIS YOG
- Qhov kev nyuaj uas tswj txoj hnyuv YOG / TSIS YOG
- Qhov kev nyuaj uas tswj lub zais zis YOG / TSIS YOG
- Loog los sis caus yaum sab npab los sis sab tes YOG / TSIS YOG
- Loog los sis caus yaus sab ceg los sis sab ko taw YOG / TSIS YOG
- Sab tes los sis sab npab tsis muaj zog YOG / TSIS YOG
- Sab ceg los sis sab ko taw tsis muaj zog YOG / TSIS YOG
- Hloov pauv qhov kev sib koom tes sai los no YOG / TSIS YOG
- Hloov pauv qhov kev muaj peev xwm taug kev sai los no YOG / TSIS YOG
- Ua pob nyob ntawm txha nrob qaum YOG / TSIS YOG
- Ua xua fab roj hmab YOG / TSIS YOG

**Piav qhia cov lus teb tias “Yog” rau ntawm no.**

**Kuv thov qhia tias, raws li kuv qhov kev paub uas zoo tshaj plaws, kuv cov lus teb rau cov lus nug nyob rau ntawm daim foos no yog tiav thiab raug.**

Kos npe tus neeg ua kis las: \_\_\_\_\_ Kos npe niam txiv los sis tus saib xyuas: \_\_\_\_\_

Hnub tim: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Hloov kho los ntawm Mes Kas Lub Chaw Kawm Kws Kho Mob Tsev Neeg (American Academy of Family Physicians), Mes Kas Lub Chaw Kawm Kho Mob Me Nyuam Yaus (American Academy of Pediatrics), Mes Kas Lub Tsev Kawm Khos Lej Txog Tshuaj Kho Mob Rau Kev Ua Kis Las (American College of Sports Medicine), Mes Kas Lub Koom Haum Fab Kev Kho Mob rau Tshuaj Kho Mob Fab Kev Ua Kis Las (American Medical Society for Sports Medicine), Mes Kas Lub Koom Haum Fab Kev Kho Mob Pob Txha-Leeg Nqaij rau Tshuaj Kho Mob Fab Kev Ua Kis Las (American Orthopaedi.

**2024-2025 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 \_\_\_\_\_