

**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)	II. Moderate (20-50% MVC)	I. Low (<20% MVC)
	↑↑↑↑	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*
↑↑↑	Diving*†	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
	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]

# FOOMKA TAARIKHDA JIRKA EE UQALMA CIYAARAH 2024-2025

## 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 lagu asteeyey waqtigi dhalashada - Dhedig, Lab, ama labeeb (goobo geli) Sidee u aqoonsan tahay jinsigaaga? (Dhedig, Lab, jinsi laawe, ama jinsi kale)  
 Ma kugu dhacday COVID-19? Y / N Ma qaadatay tallaalka COVID-19? Y / N 1, 2, ama 3 qaadasho? (goobo geli) 1 2 3  
 Xaaladaha caafimaad ee hore iyo kuwa hadda jira: \_\_\_\_\_  
 Weligaa ma lagugu sameeyey qalliin? Haddii ay haa tahay, qor dhammaan qalliimadi hore. \_\_\_\_\_  
 Qor daawooyinka iyo kaalmaatiga ee hadda jira: daawooyinka dhakhtarku kuu soo qoray, kuwa aad iska soo iibsaday, iyo daawo dhireedka ama daawada kaalmaatiga nafaqada. \_\_\_\_\_  
 Ma leedahay wax xasaasiyad alarji ah? Haddii ay tahay haa, fadlan qor dhammaan xasaasiyadahaaga (sida, daawooyinka, marka, 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 dhiseen 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 usugeynta jawaabaha aad kabixisay su'aalaha 1 & 2 ama 3 & 4 ay la'eg yihiin ama ka badan yihiin ≥3, is-baar.)

Goobo Geli Su'aasha Nambarka 1-aad ee su'aalaha jawaabtooda aan la garaneynin.

Goobo geli Y wixi Haa ah ama N wixi Maya ah

#### SU'AALAH GUUD

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

#### SU'AALAH CAAFIMAADKA WADNAHA EE KUSAABSAN ADIGA<sup>a</sup>

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

#### SU'AALAH CAAFIMAADKA WADNAHA EE KUSAABSAN QOYSKAAGA<sup>a</sup>

- 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 biyaha ama shil gaari oo aan la sharraxin)? .....HAA / MAYA
- Ma jiraa qof qoyskaaga ka mid ah oo qaba dhibaataada 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)? ...HAA / MAYA
- 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'AALAH KUSAABSAN LAFAHA IYO KALA-GOYSYADA

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

#### SU'AALAH CAAFIMAADKA

- Ma qufacdaa,feeraha maku shanqaraan, ama neefsashada makugu culustahay inta lagu jiro ama kadib jimicsiga? .....HAA / MAYA
- Ma kaa maqan tahay kelli, il, xaniin (ragga), beeryaradaada, ama xubin kale? .....HAA / MAYA
- Xanuun maka dareentaa gumaarka ama xaniinyaha ama barar xanuun badan ama sheello agagaarka gumaarka? .....HAA / MAYA
- 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)? .....HAA / MAYA
- Ma kugu dhacay miyir dabool ama dhaawac madaxa ah oo kugu keenay jah wareer, madax-xanuun daba dheeraaday, ama dhibaatooyinka xusuusta? .....HAA / MAYA
- Waligaa ma yeelatay kabuubyo, jiririco, tabar darri gacmahaaga ama lugahaaga, ama inaad awoodin inaad dhaq-dhaqaajiso gacmahaaga ama lugahaaga kadib marka ay wax kugu dheceen ama aad kufftay? .....HAA / MAYA
- Waligaa ma ku xanuunsatay adigoo ku jimicsanaya kulaylka? .....HAA / MAYA
- Adiga ama qof qoyskaaga ka mid ah ma qabaa cillada ama cudurka khalkhalka unugyada dhiiga cas? .....HAA / MAYA
- Waligaa ma yeelatay ama wax dhibaatooyin ah maka qabtaa indhahaaga ama aragaaga? .....HAA / MAYA
- Maka walwashaa miisaankaaga? .....HAA / MAYA
- Ma isku dayeysaa ama qof makugula taliyey inaad kordhiso ama aad dhinto miisaanka? .....HAA / MAYA
- 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? .HAA / MAYA
- Waligaa ma kugu dhacday cunto-cunis xumo? .....HAA / MAYA

#### SU'AALAH KUSAABSAN CAADADA DHIIGA

- 29. Waligaa makugu dhacay dhiiga caadada dumarka? .....HAA / MAYA
- 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: \_\_\_/\_\_\_/\_\_\_\_\_

## 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: \_\_\_\_\_

## Horyaalka Dugsiga Sare ee Gobolka Minnesota

**DHAMMEYSTIRKA TAARIKHDA CIYAARTOYGA EE CIYAARTOYGA NAAFADA AH****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? HAA / MAYA

7. Maa u isticmaashaa ciyaaraha qalabka addimaha isku xajiya, qalabka caawinta? HAA / MAYA

8. Ma qabtaa wax finan ah, nabarrada cadaadisku keeno, ama dhibaatooyin kale oo maqaarka ah? HAA / MAYA

9. Ma jirtaa maqal la'aan aad qabto? Ma isticmaashaa qalabka caawinta maqalka? HAA / MAYA

10. Ma qabtaa ciilad aragga ah? HAA / MAYA

11. Ma u isticmaashaa wax qalab gaar ah oo loogu talagalay hawlaha mindhicrada ama kaadi-haysta? HAA / MAYA

12. Maku gubtaa ama maku xanuujisaa kaadida marka aad kaadineyso? HAA / MAYA

13. Ma kugu dhacay kicitaanka neerfaha oo iskood ah? HAA / MAYA

14. Waligaa ma lagugu sheegay inaad qabto jirro la xariirto kuleylaha ama qaboobaha? HAA / MAYA

15. Ma qabtaa xanuun kakanaanta murqaha? HAA / MAYA

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:**

Haa Maya Fadhi la'aanta lafta luqunta HAA / MAYA

Baaritaanka shucaaca (raajitada) ee Fadhi la'aanta lafta luqunta HAA / MAYA

Kala-goysyada booskooda ka baxay (in kabadan hal) HAA / MAYA

Dhiigbax fudud HAA / MAYA

Beeryarada oo wayn HAA / MAYA

Cagaarshow HAA / MAYA

Lafo beelka ama lafo jileeca HAA / MAYA

Ku adag tahay saxaro cesashada HAA / MAYA

Ku adag tahay kaadi cesashada HAA / MAYA

Kabuubyada ama jiriricada cududaha ama gacmaha HAA / MAYA

Kabuubyada ama jiriricada lugaha ama cagaha HAA / MAYA

Tabardarrida cududaha ama gacmaha HAA / MAYA

Tabardarrida lugaha ama cagaha HAA / MAYA

Isbeddel dhawaan ku yimid iskuxirnaanshaha jirka HAA / MAYA

Isbeddel dhawaan ku yimid awoodda socodka HAA / MAYA

Cillada lagu dhasho ee burada laf-dhabarta HAA / MAYA

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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 \_\_\_\_\_