SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION PHYSICAL EXAMINATION FORM

Date Exam Expires: _____

Check Appropriate Physical Exam Term:

___Annual ___Biennial___Triennial

NAME _____GRADE _____DATE OF BIRTH_____

CHECK ONE: _____ MALE _____FEMALE (2019-20 School Year)

1. Blood pressure (sitting) _____/_____ Repeat in 5 minutes, if elevated _____/_____.
2. Height _____
3. Weight _____

	Normal	**Abnormal**	**COMMENTS**
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 (rad. vs fem.)	_____	_____	_____
d. rhythm	_____	_____	_____
10. Abdomen			
a. liver or spleen	_____	_____	_____
b. masses	_____	_____	_____
11. Genitalia (males only)			
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	_____	_____	_____

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ Cleared for ALL (*collision*, *contact/endurance sports*, and *other sports*)
_____ Cleared only for *contact/endurance sports* and *other sports*
_____ Cleared only for *other sports*

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

_____ Cleared for ALL, but with recommendations for further evaluation or treatment for _____
_____ Above clearance to be granted only after _____
_____ Clearance cannot be given at this time because_____

NAME OF EXAMINER (PRINT) _____ DATE_____, 20_____

SIGNATURE OF EXAMINER _____

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 Physician Assistant and licensed Nurse Practitioner.