

**PARENTS: COPY this Clearance Form (pg 1 only) for the student to return to the school.
KEEP the complete document in the student's medical record at home.**

2014-15 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% MVC) ↑↑↑ I. Low (<20% MVC)	Increasing Dynamic Component → → → → →		
	A. Low (<40% Max O ₂)	B. Moderate (40-70% Max O ₂)	C. High (>70% Max O ₂)
	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

- (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 (MaxO₂) 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: _____

IMMUNIZATIONS [Consider Tdap; meningococcal (MCV4); HPV (3 doses); 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 _____ - _____ - _____

This form is valid for 3 years from above date with a normal Annual Health Questionnaire.
FOR SCHOOL ADMINISTRATION USE: [Year 2 Normal] [Year 3 Normal]