2ⁿ/3^e/4th Physical Forsouth dakota high school activities association annual parent or guardian permit

I hereby give my consent for	GRADE			
Name (Please Print)		2018-19 SCHOOL YEAR		
who was born at	on			
City, Town, County, State		Date of Birth		
to compete in SDHSAA approved athletics for	High School during	the 2018-19 school year.		
or company in owners approved company of				
I/We give our permission for our son/daughter to participate in organized hi		at such activity involves the		
I/We give our permission for our son/daughter to participate in organized hi potential for injury which is inherent in all sports. Signed		· .		

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

SEE REVERSE SIDE FOR HEALTH HISTORY QUESTIONNAIRE

Revised 03-18



SOUTH DAKOTA HIGH SCHOOL **ACTIVITIES ASSOCIATION** PHYSICAL EXAMINATION FORM

Date Exam Expire	es:	
Check Appropriate	Physical Exa	m Term:
Annual	Biennial	Triennial

IAME				RADE	DATE OF BIRT	Ή
HECK ONE: _	MALE	FEMALE	E	(2018-19 School Y	(еаг)	
. Blood pressure	(sitting)	_/ R	epeat in 5 minute	s, if elevated	1 .	
. Height			•	· · · · · · · · · · · · · · · · · · ·		
. Weight			Normal	Abnormal	COMMENTS	
. Vision 20/		(R)				
. Head						
. Mouth (denture	s, braces?)					
. Eyes (contacts?	•					
. Chest/lung	•					
. Heart						
a. Heart soun	đs					
b. Murmurs						
c. pulse (rad.	vs fem.)					
d. rhythm	•					
0. Abdomen						
a. liver or spl	een					
b. masses						
1. Genitalia (mal	es only)					
a. hernias	* /					
b. testes						
2. Orthopedic						
a. cervical sp	ine					
b. shoulder sh						
c. deltoid	_	÷	-			
d. arms/elbov	٧					
e. hands						
f. hips						
g. knees						
h. ankles						
i. Scoliosis						
efinition: [Collisi	Cleared for ALL Cleared only for Cleared only for on=Football and	(collision, co contact/endu other sports Wrestling]; [O	ntact/endurance ; rance sports and c Contact/Endurance		ll, Cross Country, G	muastics, Soccer,
	Cleared for ALL	, but with reco	ommendations for	r further evaluatio	n or treatment for _	
	above clearance Bearance cann	to be granted of he given of	only after			
	חיותם לסטוגויו	١		ת	ATE	20

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.