

Form for 2nd & 3rd Physical

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION ANNUAL PARENT OR GUARDIAN PERMIT

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2015-16 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 2015-2016 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Signed _____ Date _____, 20____
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INTERIM PRE-PARTICIPATION HISTORY (Used in conjunction with the Biennial/Triennial examination.)

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**



**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 (2015-16 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.