





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 (2014-15 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.