## MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. Aphysical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.

HISTORY - To be completed by the student and parent(s).

Name Ma	Male		Female	Date of Birth Grade		
				Phone Number		
				-		_
Parent's Name			Family Physician			_
Current School			<del>-</del>			
Date Student's	Sigr	nature				
					Yes	No
Explain "Yes" answers below. Circle questions to which you don't know the answer.	Yes	No	25. Do you cough, whee exercise?	eze, or have difficulty breathing during or after		
1. Here a deather over depict or restricted your participation in spects for			• •	our family who has asthma? I an inhaler or taken asthma medicine?		
1. Has a doctor ever denied or restricted your participation in sports for any reason?	ئسا	LJ	•	out or are you missing a kidney, an eye, a testicle,		
Do you have an ongoing medical condition (like diabetes or asthma)?			or any other organ		_	
3. Are you currently taking any prescription or nonprescription			•	tious mononucleosis (mono) within the last month?		
(over-the-counter) medicines or pills?		_		shes, pressure sores, or other skin problems?		
<ul><li>4. Are you taking medicine for ADHD?</li><li>5. Do you have allergies to medicines, pollens, foods, or stinging insects?</li></ul>			31. Have you had a her	pes skin infection? a head injury or concussion?		
6. Have you ever passed out or nearly passed out DURING exercise?		H	•	n the head and been confused or lost your memor		
7. Have you ever passed out or nearly passed out AFTER exercise?	ŏ	ă	34. Have you ever had			_
8. Have you ever had discomfort, pain, or pressure in your chest during			35. Do you have heada	ches with exercise?		
exercise?			•	numbness, tingling, or weakness in your arms or		
9, Does your heart race or skip beats during exercise?			legs after being hit		_	r
High blood pressure     A heart murmur			or falling?	n unable to move your arms or legs after being hit		
High blood pressure A heart murmur  High cholesterol A heart infection			_	the heat, do you have severe muscle cramps or		
11. Has a doctor ever ordered a test for your heart? (for example, ECG,			become ill?	and made, as you have some instance or an income		
echocardiogram)		_		ou that your or someone in your family has sickle		
12. Has anyone in your family died for no apparent reason?			cell trait or sickle o			
13. Does anyone in your family have a heart problem?			40. Have you had any p	problems with your eyes or visions?		_
14. Has any family member or relative died of heart problems or of sudden			41. Do you wear glasse		□	
death before age 50?	_	_		tive eyewear, such as goggles or a face shield?		
15. Does anyone in your family have Marfan syndrome?		_	43. Are you happy with			
16. Have you ever spent the night in a hospital?  17. Have you ever had surgery?			44. Are you trying to ga	in or lose weight? nmended you change your weight or eating habits'	<u> </u>	
Have you ever had an injury, like a sprain, muscle or ligament tear or	占	_	•	fully control what you eat?	Ġ	
tendonitis that caused you to miss a practice or game: If yes, circle	_		•	oncerns that you would like to discuss with a docto		
affected area below:			FEMALES ONLY			
19. Have you had any broken or fractured bones, or dislocated joints?			48. Have you ever had	-		
If yes, circle below:			·	when you had your first menstrual period?		
<ol> <li>Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or or</li> </ol>			Explain "Yes" answer	have you had in the last year?		
If yes, circle below:	J. G.(C)					
Head Neck Shoulder Upper Elbow Forearm Hand / fingers	_	hest				_
Upper Lower Hip Thigh Knee Calf/shin Ankle back back		oot /			······	
21. Have you ever had a stress fracture?		_				
Have you been told that you have or have you had an x-ray for attantoaxial (neck) instability?						
Do you regularly use a brace or assistive device?     Has a doctor ever told you that you have asthma or allergies?	님	П				—
24. Files a doctor ever tolo you that you have astrifted or altergies?		u				—
Allergies:						
Immunizations: (eg, tetanus/diphtheria; measles, mumps, rubella	a. he	natitie	A Reinfluenza: noliomyelit	is oneumococcal meningococcal varicella	)	

## PROVIDER'S PHYSICAL EXAMIMATION FORM

Name				Date of Birth						
Height	Weig	Weight			BP	Left Arm/_	Right Arm	_/		
/ision R 20/	L 20/	_ Corrected:	Y N	Pupils	: Equal	Unequal	<del>-</del>			
	NORMAL		P. AVII-D INVESTMENT	eur Gestaretakski State	ABNO	RMAL FINDINGS		INITI		
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yes/ears/nose/throat										
earing		<del>-  </del>			***************************************					
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bdomen										
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leck										
ack										
houlder/arm										
lbow/forearm										
Vrist/hands/fingers							<del></del>			
lip/thigh										
nee										
eg/ankle										
oot/toes Multiple examiner s							<del>.</del>			
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•				CL	EARANCE					
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Cleared without real Cleared with record Not cleared for Recommendations; lame of physician address	estriction mmendations for  All sports /medical provide	further evaluation  Certain sports  r [print or type] _  vider	NT'S OR	ment for:	N'S PERMIS	Rea	Date			
Cleared without real Cleared with record of the Cleared for Recommendations;  Itame of physician address  Elignature of physician address  certify that the informage in approved elemission for the tereatment to this still	estriction mmendations for  All sports  /medical provided to athletic activities and particular, athletic dent at an athletic dent dent dent dent dent dent dent dent	further evaluation  Certain sports  r [print or type]  vider  py the student/pass a representate lietic trainer, or o event in case of	NT'S OR arent(s) is ive of his ive qualitiniury.	GUARDIA  GUA	N'S PERMIS to the best of l, except thos nnel to have a	Rea  SION AND RELEASI  ey indicated above by taccess to information polying medical action of	Date	e above student I also give my to give first aid nd the parents(s)		
Cleared without real Cleared with record of Cleared for Recommendations; lame of physician address Signature of physician certify that the informage in approved termission for the tereatment to this sturuardian(s) cannot be	estriction mmendations for  All sports  /medical provide cian/medical pro mation provided to attiletic activities sam physician, attident at an athletic percontacted, i he	further evaluation  Certain sports  r [print or type] _  vider  py the student/pass a representat letic trainer, or o event in case of reby consent for	NT'S OR arent(s) is ive of his ive qualitiniury.	GUARDIA  GUA	N'S PERMIS to the best of second those second to have a second to have a second to be second	Rea  SION AND RELEASI  ey indicated above by taccess to information polying medical action of	Date Phone  by give my consent for the licensed professional.  or treatment is required ar the doctor or hospital sele	e above student to also give my to give first aid not the parents(s)		
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VERIFICATION OF INSURANCE: The School District <u>DOES NOT</u> provide medical insurance benefits for students who choose to participate in sports programs. Medical insurance <u>MUST BE PROVIDED</u> in order for the student to participate. "NorthWestern Scholastic Insurance" forms for coverage during sports are available in the Activities Office. THE ATHLETE IS COVERED WITH THE FOLLOWING HEALTH INSURANCE:

INSURANCE (Company Name)	POLICY #	