



**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 (2010-11 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 YES _____ NO _____
 - c. pulse discrepancy (rad. vs fem.) YES _____ NO _____
 - d. abnormal rhythm YES _____ NO _____
10. Abdomen
- a. liver or spleen enlargement YES _____ NO _____
 - b. masses YES _____ NO _____
11. Genitalia
- a. hernias YES _____ NONE _____
 - 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 _____
13. Tanner Maturation Index (Optional) Circle: I II III IV V

SPORTS PARTICIPATION RECOMMENDED FOR:

- _____ All Sports: collision, contact/endurance, other
- _____ Contact/Endurance Sports only due to
- _____ Other Sports Only due to
- _____ Sports Participation Not Recommended, due to
- _____ Approval Withheld Pending evaluation for

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

NAME OF EXAMINER _____ DATE _____

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.