

## **Montana High School Association**

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TO: PARENTS OF MHSA SPORTS PARTICIPANTS

LICENSED MEDICAL PROFESSIONALS

FROM: MARK BECKMAN, EXECUTIVE DIRECTOR

RE: NEW MHSA PRE-PARTICIPATION PHYSICAL EXAM FORM

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be performed for each student in order for that student to be considered eligible for participation in an Association Contest. Physical exams 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. A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.

The MHSA Executive Board approved a new pre-participation physical examination form on the recommendation of the MHSA Medical Advisory Committee. The form is more detailed and this format has been approved by a variety of medical professional groups. Specifically, questions concerning the cardiac history and cardiac health of the student have been added (questions 6-15). The MHSA Medical Advisory Committee strongly recommends that if any of those questions are answered affirmatively the student be referred to the appropriate medical professional for further screening.

The MHSA pre-participation form is the only form that will be allowed for the student's exam (no other forms will be accepted). The following process should be followed:

- Parent(s)/Legal Guardian(s) and each student should fill out the questionnaire and history portion of the form together, which is the front page of the MHSA pre-participation physical examination form.
- The student must sign this form confirming that he/she was involved in the completion process.
- The form goes to the medical provider for use during the examination.
- The medical provider reviews the form with the student and parent/guardian, performs the exam and
  makes the decision on whether to clear the student for participation. A signature from the medical
  provider is required.
- The physical exam form is given to the parent/guardian. He/she must sign the permission and release section of the form for final clearance.
- The completed pre-participation physical exam form is given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective.

If you have any questions regarding the new pre-participation examination form please contact me or Brian Michelotti, MHSA Assistant Director.

## 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. 

physical examination conducted before May 1<sup>st</sup> 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).

				QUEST	IONNAIR	E FOR	ATH	ILET	TIC PARTICIPATION (PLEASE PRINT)		
Name									Male Female Grade Date of Birth		
Home A	Address								Phone Number		
Parent's Name									Family Physician		
Current School											
Current	School								Date		
									Student Signature		
Explain "Yes" answers below. Circle questions to which you don't know the answer.						vhich	Yes	No	25. Do you cough, wheeze, or have difficulty breathing during or after exercise?	Yes	No
1 Has a c	lactor ava	r donied or r	octricted w	our particir	ation in sno	rte for			26. Is there anyone in your family who has asthma?		
	eason?	r denied or r	estricted yo	our particip	alion in spo	115 101			<ul><li>27. Have you ever used an inhaler or taken asthma medicine?</li><li>28. Were you born without or are you missing a kidney, an eye, a testicle,</li></ul>		
•		ongoing med	dical conditi	ion (like dia	abetes or as	thma)?			or any other organ?		
· =		taking any p				,			29. Have you had infectious mononucleosis (mono) within the last month?		
(over	-the-coun	ter) medicin	es or pills?						30. Do you have any rashes, pressure sores, or other skin problems?		
=	_	edicine for A							31. Have you had a herpes skin infection?		
· =		rgies to med	-						32. Have you ever had a head injury or concussion?		
<ul><li>6. Have you ever passed out or nearly passed out DURING exercise?</li><li>7. Have you ever passed out or nearly passed out AFTER exercise?</li></ul>									33. Have you been hit in the head and been confused or lost your memory? 34. Have you ever had a seizure?		
-							Н		35. Do you have headaches with exercise?	H	
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?						Ü		_	36. Have you ever had numbness, tingling, or weakness in your arms or		
-		race or skip		_					legs after being hit or falling?		
		er told you t	•	•	II that apply)	:			37. Have you ever been unable to move your arms or legs after being hit		
_	blood pre		A heart in						or falling?  38. When exercising in the heat, do you have severe muscle cramps or		
High cholesterol A heart infection  11. Has a doctor ever ordered a test for your heart? (for example, ECG,						e, ECG.	П		become ill?	ш	ш
	cardiogra		,			, ,		_	39. Has a doctor told you that your or someone in your family has sickle		
12. Has anyone in your family died for no apparent reason?									cell trait or sickle cell disease?		
13. Does anyone in your family have a heart problem?									40. Have you had any problems with your eyes or visions?		
14. Has any family member or relative died of heart problems or of sudden									<ul><li>41. Do you wear glasses or contact lenses?</li><li>42. Do you wear protective eyewear, such as goggles or a face shield?</li></ul>		
death before age 50?  15. Does anyone in your family have Marfan syndrome?							П		43. Are you happy with your weight?		
16. Have you ever spent the night in a hospital?									44. Are you trying to gain or lose weight?	Н	
17. Have you ever had surgery?									45. Have anyone recommended you change your weight or eating habits?		
18. Have you ever had an injury, like a sprain, muscle or ligament tear or									46. Do you limit or carefully control what you eat?		
tendonitis that caused you to miss a practice or game: If yes, circle									47. Do you have any concerns that you would like to discuss with a doctor?		
	ted area b vou had a	ny broken o	r fractured	hones or	dislocated in	ints?	П		FEMALES ONLY 48. Have you ever had a menstrual period?		
	s, circle be	•	i ildolaroa	501100, 01	aloloodiod je			ш	49. How old were you when you had your first menstrual period?		
20. Have	you had a	bone or joir	nt injury tha	t required	x-rays, MRI,	CT,			50. How many periods have you had in the last year?		
_		ons, rehabili	tation, phys	sical therap	y, a brace,	a cast, or o	crutch	es?	Explain "Yes" answers here:		
	s, circle be		Llaner	ГІЬом	Готоотт	Llond /	CI				
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand / fingers	Ci	nest			_
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / toes				_
									<del>-</del>		
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?											_
23. Do you regularly use a brace or assistive device?											—
											_
Allergie	s:										
Immuni	zations:	(eg, tetanı	us/diphthe	eria; meas	sles, mump	os, rubella	a; he	patitis	s A, B; influenza; poliomyelitis, pneumococcal; meningococcal, varicella)		
Doto of I		n totanue	ah atı								_

## **PROVIDER'S PHYSICAL EXAMINATION FORM**

Name				Date of Birth							
Height	Weigh	t	Pu	ulse		BP: Left Arm		Right Arm			
Vision R 20/	L 20/	Corrected:	Y N	Pupils:	Equal	Unequal _					
										T	
MEDICAL	NORMAL				Д	BNORMAL FINDINGS				INITIALS*	
Appearance											
Eyes/ears/nose/throat											
Hearing											
Lymph nodes											
Heart											
Murmurs											
Pulses											
Lungs											
Abdomen											
Hernia										-	
Skin											
MUSCULOSKELETAL											
Neck Back											
Shoulder/arm											
Elbow/forearm											
Wrist/hands/fingers											
Hip/thigh											
Knee											
Leg/ankle											
Foot/toes											
*Multiple examiner set-u	p only.										
Notes:											
	-11			CLE	EARAN	ICE					
☐ Cleared without restric											
☐ Cleared with recomm	endations for fur	ther evaluation of	or treatm	ent for:							
□ Not cleared for □ A	All sports □	Certain sports _				· · · · · · · · · · · · · · · · · · ·	Reason:				
Recommendations:											
Name of physician/me	dical provider [	orint or type]						Date			
								ne			
Signature of physician											
<b>3</b>											
		DADENT	TIO OD O	ADDIA	DEE	MICCION AND DEL	E40E				
						RMISSION AND REL					
I certify that the informat engage in approved athl permission for the team treatment to this student guardian(s) cannot be or	etic activities as physician, athlet at an athletic ev	a representative ic trainer, or other ent in case of in	e of his/h er qualific njury. If e	er school, ed person emergency	except nel to ha service	those indicated above ave access to information involving medical ac	e by the lic ation provi ction or trea	ensed professional. ded here as well as t atment is required ar	I also give firs nd the par	ve my st aid rents(s) or	
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Typed or printed name of	of parent or guar	dian				Signature of parent	or guardia	n			
Date		Addre	ess				- ī	nsurance (Company	name)		
Parent's Home Phone	Pa	rent's Work Pho	one		Parent'	s Cell Phone		Additional Phone (if a	any-specif	fy)	

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL** 

(Updated 3/10)