



**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 (2017-18 School Year)

1. Blood pressure (sitting) \_\_\_\_\_ / \_\_\_\_\_ Repeat in 5 minutes, if elevated \_\_\_\_\_ / \_\_\_\_\_.

2. Height \_\_\_\_\_

3. Weight \_\_\_\_\_

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 \_\_\_\_\_

	Normal	Abnormal	COMMENTS
4. Vision	_____	_____	_____
5. Head	_____	_____	_____
6. Mouth	_____	_____	_____
7. Eyes	_____	_____	_____
8. Chest/lung	_____	_____	_____
9. Heart			
a. Heart sounds	_____	_____	_____
b. Murmurs	_____	_____	_____
c. pulse	_____	_____	_____
d. rhythm	_____	_____	_____
10. Abdomen			
a. liver or spleen	_____	_____	_____
b. masses	_____	_____	_____
11. Genitalia			
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.