PHYSICAL EXAMINATION INSTRUCTIONS

I. Requirement of School Boards.
   A. Each governing board shall decide if the exam is to be repeated on an annual basis, on a biennial basis or triennial basis.
   B. Each governing board shall decide whether they want the doctors to evaluate sexual maturity based upon the Tanner Maturation Index. Please white-out item 13 on the Physical Exam form if the decision is NOT to use the Tanner Maturation Index.

II. Requirements of Member Schools.
   A. Each member school shall make copies of the forms that must be completed by the parents and/or doctors in sufficient quantities to meet your needs.
   B. Member schools must keep on file the following:
      1. A copy of the PARENT PERMIT FORM. This form must be submitted annually.
      2. A copy of the INITIAL PRE-PARTICIPATION HISTORY report for each student who takes the comprehensive exam for the first time. This form must be made available to the medical examiner at the time the student takes his/her first physical exam.
      3. A copy of the INTERIM PRE-PARTICIPATION HISTORY for each student must be submitted annually by the parents except on the very first occasion when the INITIAL PRE-PARTICIPATION HISTORY is required.
         All questions on the INTERIM PRE-PARTICIPATION HISTORY form should be answered with the following in mind: IN THE PAST YEAR: Please explain any yes answers in the space provided on the form. Any yes answers may require a re-visit to the medical provider for re-certification of health. The parent/guardian signature denotes that the student is physically able to participate.
      4. A copy of the comprehensive PHYSICAL EXAMINATION signed by either a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Physician Assistant or Nurse Practitioner.
   C. Member schools may commence scheduling physical exams as early as April 1 for the ensuing school year.

III. Role of Doctors, Physician Assistant and Nurse Practitioners.
   A. The certification/signing of the physical exam form is reserved for only a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, a Physician Assistant or Nurse Practitioner. Stamping the name of a medical clinic or a medical association as a substitute for the authorized signature is unacceptable. All exams must be signed by authorized medical personnel as listed in paragraph two above.
   B. The examiner shall receive a copy of Instructions for conducting the orthopedic screening and other portions of the exam. The instruction sheet follows the other forms located in this section of this publication.
   C. The medical history form must be made available to the person(s) conducting the physical exam at the time the examination takes place.
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

PHYSICAL EXAMINATION
ITEMS TO BE EVALUATED

Station 1 - Individual History

All YES items in the history are reviewed in detail to determine if they constitute a risk to participation by the athlete, or need additional evaluation.

Station 2 - Blood Pressure

Right arm, sitting. Values needing recheck and possible further evaluation are:

- Under 11 Years 130/75
- 12 years and older 140/85

Station 3 - Vision (Snellen)

Uncorrected vision less than 20/200, corrected vision less than 20/40 requires further evaluation.

Station 4 - Skin, Mouth, Eyes, Ears

Pustular acne, herpes or other infections, athlete's foot; braces, dental prostheses, severe caries, pupil inequality, contacts; ear drainage, malformation.

Station 5 - Chest

Review of cardiac-related history. Heart enlargement, pulse discrepancy, murmurs, abnormal rhythm, forced expiratory maneuver, evidence of latent bronchospasm.

Station 6 - Lymphatics, Abdomen, Genitalia

Cervical or axillary adenopathy, organomegaly, absence of testicles, hernia, and Tanner maturation index.

Station 7 - Orthopedic

Asymmetry, scoliosis, swelling or deformity, decreased range of motion or strength

Station 8 - Review

Check all categories that apply.

- 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]
<table>
<thead>
<tr>
<th>Athletic Activity (Instructions)</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand Facing Examiner</td>
<td>General habitus; acromioclavicular joints</td>
</tr>
<tr>
<td>Look at ceiling, floor, over both shoulders; touch ears to shoulders</td>
<td>Cervical spine motion</td>
</tr>
<tr>
<td>Shrug shoulders (examiner resists)</td>
<td>Trapezius strength</td>
</tr>
<tr>
<td>Abduct shoulder 90 degrees (examiner resists at 90 degrees)</td>
<td>Deltoid strength</td>
</tr>
<tr>
<td>Full external rotation of arms</td>
<td>Shoulder motion</td>
</tr>
<tr>
<td>Flex and extend elbows</td>
<td>Elbow motion</td>
</tr>
<tr>
<td>Arms at sides, elbow 90 degrees flexed, pronate and supinate wrists</td>
<td>Elbow and wrist motion</td>
</tr>
<tr>
<td>Spread fingers; make fist</td>
<td>Hand or finger motion and deformities</td>
</tr>
<tr>
<td>Tighten (contact) quadriceps; relax quadriceps</td>
<td>Symmetry and knee effusion; ankle effusion</td>
</tr>
<tr>
<td>&quot;Duck walk&quot; four steps (away from the examiner with buttocks on heels)</td>
<td>Hip, knee and ankle motion</td>
</tr>
<tr>
<td>Back to examiner; knees straight, touch toes</td>
<td>Shoulder symmetry; scoliosis, hip motion, hamstring tightness</td>
</tr>
<tr>
<td>Raise up on toes, raise heels</td>
<td>Calf symmetry, leg strength</td>
</tr>
</tbody>
</table>

May require reflex hammer, tape measure, pin, and examination table.
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT

I hereby give my consent for ________________________________
Name (Please Print)                     GRADE __________
who was born at ________________________________
City, Town, County, State

on ______________________ to compete in SDHSAA approved athletics for ________________________________ High School

Date of Birth
during the 2010-2011 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity
involves the potential for injury which is inherent in all sports.

Date ______________________ Signed __________________________

Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INITIAL PRE-PARTICIPATION HISTORY

SEE REVERSE SIDE FOR

HEALTH HISTORY QUESTIONNAIRE
I certify that the answers to the above questions are true.

SIGN

Signature of Parent or Guardian

NAME

DATE

GRADE

DATE OF BIRTH

(2010-11 School Year)

1. Has a doctor ever denied or restricted your participation in sports for any reason? YES NO
2. Do you have an ongoing medical condition (like diabetes or asthma)? YES NO
3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills? YES NO
4. Do you have allergies to medicines, pollens, foods, or stinging insects? YES NO
5. Have you ever passed out or nearly passed out DURING exercise? YES NO
6. Have you ever passed out or nearly passed out AFTER exercise? YES NO
7. Have you ever had discomfort, pain, or pressure in your chest during exercise? YES NO
8. Does your heart race or skip beats during exercise? YES NO
9. Has a doctor ever told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection? YES NO
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) YES NO
11. Has anyone in your family died for no apparent reason? YES NO
12. Does anyone in your family have a heart problem? YES NO
13. Has anyone in your family or relative died of heart problems or of sudden death before age 50? YES NO
14. Does anyone in your family have Marfan Syndrome? YES NO
15. Have you ever spent the night in a hospital? YES NO
16. Have you ever had surgery? YES NO
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? YES NO
18. Have you had any broken or fractured bones or dislocated joints? YES NO
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? YES NO
20. Have you ever had a stress fracture? YES NO
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? YES NO
22. Do you regularly use a brace or assistive device? YES NO
23. Has a doctor ever told you that you have asthma or allergies? YES NO
24. Do you cough, wheeze, or have difficulty breathing during or after exercise? YES NO
25. Is there anyone in your family who has asthma? YES NO
26. Have you ever used an inhaler or taken asthma medicine? YES NO
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? YES NO
28. Have you had infectious mononucleosis (mono) within the last month? YES NO
29. Do you have any rashes, pressure sores, or other skin problems? YES NO
30. Have you had a herpes skin infection? YES NO
31. Have you ever had a head injury or concussion? YES NO
32. Have you been hit in the head and been confused or lost your memory? YES NO
33. Have you ever had a seizure? YES NO
34. Do you have headaches with exercise? YES NO
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? YES NO
36. Have you ever been unable to move your arms or legs after being hit or falling? YES NO
37. When exercising in the heat, do you have severe muscle cramps or become ill? YES NO
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell anemia? YES NO
39. Have you had any problems with your eyes or vision? YES NO
40. Do you wear glasses or contact lenses? YES NO
41. Do you wear protective eyewear, such as goggles or a face shield? YES NO
42. Are you happy with your weight? YES NO
43. Are you trying to gain or lose weight? YES NO
44. Has anyone recommended you change your weight or eating habits? YES NO
45. Do you limit or carefully control what you eat? YES NO
46. Are you happy with your weight? YES NO
47. Are there other sports that you would like to participate in that were not approved at a previous examination? YES NO
48. Have you ever had a menstrual period? YES NO
49. How old were you when you had your first menstrual period? YES NO
50. How many periods have you had in the last 12 months? YES NO

Explain “Yes” answers here:
________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

(continue on front side of this form if necessary)
SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM

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

4. Vision (L)  (R)

5. Head

6. Mouth (dentures, braces?)

7. Eyes (contacts?)

8. Chest/lung

9. Heart
   a. Heart sounds
   b. Murmurs
   c. pulse discrepancy (rad. vs fem.)
   d. abnormal rhythm

10. Abdomen
   a. liver or spleen enlargement
   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

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.

Revised 07-10  PHYS – 1C
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT

I hereby give my consent for _______________________________ who was born at __________, __________________________ on __________, __________________________ to compete in SDHSAA approved athletics for _______________________________ High School during the 2010-2011 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Signed _______________________________ Date _______________________________
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INTERIM PRE-PARTICIPATION HISTORY
(Used in conjunction with the Biennial/Triennial examination.)

SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE
INTERIM PRE-PARTICIPATION HISTORY
(Used in conjunction with the Biennial/Triennial examination.)

NAME ___________________________ GRADE ______ DATE OF BIRTH ______
(2010-11 School Year)

IN THE PAST YEAR: YES NO
1. Has a doctor denied your participation in sports for any reason? 
2. Do you have a new ongoing medical condition (like diabetes or asthma)?
3. Are you currently taking any new prescription or non-prescription (over-the-counter) medicines or pills?
4. Do you have new allergies to medicines, pollens, foods, or stinging insects?
5. Have you passed out or nearly passed out DURING exercise?
6. Have you passed out or nearly passed out AFTER exercise?
7. Have you had discomfort, pain, or pressure in your chest during exercise?
8. Has your heart raced or skipped beats during exercise?
9. Has a doctor told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?
10. Has a doctor ordered a test for your heart? (for example: ECG, echocardiogram)
11. Has anyone in your family died for no apparent reason?
12. Have you spent the night in a hospital?
13. Have you had surgery?
14. Have you had an injury, like a sprain, muscle or ligament tear, or tendonitis, that required medical attention?
15. Have you had any broken or fractured bones or dislocated joints?
16. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?
17. Have you had a stress fracture?
18. Did a doctor tell you that you have asthma or allergies?
19. Have you started to cough, wheeze, or have difficulty breathing during or after exercise?
20. Have you used an inhaler or taken asthma medicine?
21. Have you lost a kidney, an eye, a testicle, or any other organ?
22. Do you have any new rashes, pressure sores, or other skin problems?
23. Have you had a new herpes skin infection?
24. Have you had a head injury or concussion?
25. Have you been hit in the head and been confused or lost your memory?
26. Have you had a seizure?
27. Have you experienced headaches with exercise?
28. Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling?
29. Have you been unable to move your arms or legs after being hit or falling?
30. When exercising in the heat, did you have severe muscle cramps or become ill?

Explain “Yes” answers here:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
(continue on front side of this form if necessary)

RECERTIFICATION OF HEALTH

As the parent/guardian, I herewith affix my signature and certify that the above named student is physically fit to participate in interscholastic athletics for the current school year insofar as all “Yes” responses are concerned.

__________________________  ___________________________
Date                                  Signature of Parent

Revised 07-10

PHYS - #2
This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

CONSENT FOR MEDICAL TREATMENT

I am the ________________________________ (Mother-Father-Legal Guardian) of ________________________________, who participates in co-curricular activities for ________________________________ High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of ________________________________ School District while on a school-sponsored activity and hereby appoint said employee to act on behalf in securing necessary medical services from any duly licensed medical provider.

Dated this __________ day of __________________, 20____

Parent's Signature: ________________________________

CONSENT OF CHILD

I, ________________________________, have read the above Consent form signed by my ________________________________ (Mother-Father-Legal Guardian) and join with ________________________________ (him/her) in the consent.

Dated this __________ day of ____________________________, 20____

Student's Signature: ________________________________
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM

School Year: _____________ Name of High School: _________________________________________

Name of Student: _____________________________________________________________________

Date of Birth: _______________ Place of Birth: _________________________________________

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part
   of the student and is considered a privilege.

2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to
   the parent and student of the existence of potential dangers associated with athletic participation;
   (b) participation in any athletic activity may involve injury of some type; (c) the severity of such
   injuries can range from minor cuts, bruises, sprains, and muscle strains or more serious injuries
   such as the body’s bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the
   head, neck and spinal cord, or on rare occasions, injuries so severe as to result in total disability,
   paralysis and death; and (d) even with the best coaching, use of the best protective equipment,
   and strict observance of rules, injuries are still a possibility.

3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA
   bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the
   activities rules of the SDHSAA member school for which the student is participating; and

4. Consent and agree that personally identifiable directory information may be disclosed about the
   student as a result of his/her participation in SDHSAA sponsored activities. Such directory
   information may include, but is not limited to, the student’s photograph, name, grade level,
   height, weight, and participation in officially recognized activities and sports. If I do not wish to
   have any or all such information disclosed, I must notify the above mentioned high school, in
   writing, of our refusal to allow disclosure of any or all such information prior to the student’s
   participation in sponsored activities.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms
thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this __________ day of ________________________, 20_____

____________________________________  ___________________________________________
Name of Student (Print Name)     Student Signature

I am the student’s parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above,
understand and agree to the terms thereof, including the warning of potential risk of injury inherent in
participation in athletic activities. I hereby give my permission for
____________________________________________ (student’s name) to practice and compete for the
above named high school in activities approved by the SDHSAA.

DATED this __________ day of __________________, 20______

____________________________________________________
Parent/Guardian Signature

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL

Revised 07-10  PHYS - # 4
CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name ____________________________ Date of Birth ___________________

1. I authorize the use or disclosure of the above named individual’s health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student’s ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.

2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.

3. This information for which I am authorizing disclosure will be used for the purpose of determining the student’s eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.

4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

5. This authorization will expire on July 1, 20_____.

6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student’s eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

_________________________  _____________________
Signature of Parent          Date

This form must be completed annually and must be available for inspection at the school.