

**COPY THIS PAGE for the student to return to the school. KEEP the complete document**

**2023-2024 SPORTS QUALIFYING PHYSICAL EXAMINATION MEDICAL ELIGIBILITY FORM**  
Minnesota State High School League

Student Name: \_\_\_\_\_ Bi8(e)18(n)18(t)-29( )-29(N)30(a)18(m)-12(e)18(:)] TJETQq0.000091

## 2023-2024 SPORTS QUALIFYING PHYSICAL HISTORY FORM

Minnesota State High School League

**Pages 2-5 of this document should be KEPT on file by the medical provider issuing the physical examination.**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_

**2023-2024 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM**  
Minnesota State High School League

**Pages 2-**

# ATHLETE WITH DISABILITIES SUPPLEMENT TO THE ATHLETE HISTORY

## Minnesota State High School League

**Pages 2-5 of this document should be KEPT on file by the medical provider issuing the physical examination**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:
2. Date of disability:
3. Classification (if available):
4. Cause of disability (birth, disease, injury, or other):
5. List the sports you are playing:
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? Y / N
7. Do you use any special brace or assistive device for sports? Y / N
8. Do you have any rashes, pressure sores, or other skin problems? Y / N
9. Do you have a hearing loss? Do you use a a

