MONTANA HIGH SCHOOL ASSOCIATION



PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921.

May 2025

TO: PARENTS OF MHSA SPORTS PARTICIPANTS

LICENSED MEDICAL PROFESSIONALS

FROM: BRIAN MICHELOTTI, EXECUTIVE DIRECTOR

RE: UPDATED MHSA PRE-PARTICIPATION PHYSICAL EXAM (PPE)

FORM

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be completed for a 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. Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All 9th graders must have a physical after May 1st of the year they enter high school, regardless of whether they had one in 8th grade.

This 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 their student will fill out the History portion of the form together.
- The student and parent/guardian will sign the form.
- A medical provider will review the form with the student and parent/guardian and perform the exam. A signature from the medical provider is required to clear the student for participation.
- The completed MHSA Pre-participation Physical Exam form will be 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. For further information, the MHSA position statement on two-year PPEs is available on the MHSA website at www.mhsa.org.







MHSA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination to participate in any sport. The examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All information is to remain confidential.

HISTORY FORM

		Gender:	Grade: Date	of Birth:
ome Address:			Phone Number:	
arent/Guardian's Name:		_ Family Physicia	n:	
ate of examination:		_ Current school:_		
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surg	ical procedures.			
Medicines and supplements: List all current prescri	ptions, over-the-counter	medicines, and su	oplements (herbal and n	utritional).
Do you have any allergies? If yes, please list all yo	ur allergies (i.e. medicin	es, poliens, food, st	inging insects).	
		•	, ,	
	thered by any of the folk	owing problems? (C Several days	, ,	Nearly every day
Over the last 2 weeks, how often have you been bot		•	, ,	Nearly every day
Over the last 2 weeks, how often have you been bot	Not at all	•	Over half the days	, , ,
Over the last 2 weeks, how often have you been bote seeling nervous, anxious, or on edge Not being able to stop or control worrying	Not at all	•	Over half the days	3
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been both Feeling nervous, anxious, or on edge Not being able to stop or control worrying Little interest or pleasure in doing things Feeling down, depressed, or hopeless	Not at all 0 0	•	Over half the days 2 2	3

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)	YE S	NO	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YE S	NO
Do you have any concerns that you would like to discuss with your provider?			Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
Has a provider ever denied or restricted your participation in sports for any reason?			12 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
3. Do you have any ongoing medical issues or recent illness?			Has anyone in your family had a pacemaker or an Implanted defibrillator before age 35?		
HEART HEALTH QUESTIONS ABOUT YOU	YE S	NO	BONE AND JOINT QUESTIONS	YE S	NO
Have you ever passed out or nearly passed out during or after exercise?			Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		

		_				_	
7. Has a doctor ever told problems?	you that you have any heart			MEDICAL QUESTIONS	YE S	NO	
Has a doctor ever requ	uested a test for your heart? For ography (ECG) or echocardiography.			17. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
Do you get light-heade friends during exercise	ed or feel shorter of breath than your			18. Have you ever used an inhaler or taken asthma medicine?			
10. Have you ever had a s				19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
MEDICAL QUESTIONS	S (CONTINUED)	YE S	NO	ADDITIONAL INFORMATION			
hemia In the groin area? 21. Have you had a concuconfusion, a prolonged 22. Have you ever had nutin your arms or legs, or bafter being hit or falling 23. Have you ever become disease? 25. Have you had or do your wision? 26. Have you ever had an arm of the your arms or legs, or bafter being hit or falling 27. Have you had or do your wision? 28. Have you ever had an arm of the your arms or legs, or bafter being hit or falling 29. Have you ever had a read or least worth or least	e ill while exercising in the heat? one in your family have sickle cell trait ou have any problems with your eyes eating disorder? us mononucleosis (mono) within the menstrual period? en you had your first menstrual period?	YES	NO	Explain any "Yes" responses to questions in the history sect	ions be	low.	
I certify that the informato engage in approved a permission for the team treatment to this student or guardian(s) cannot be school. Name of Parent/Guardi Signature of	PARENT'S OF tion provided by the student/parent athletic activities as a representative physician, athletic trainer, or other at at an athletic event in case of injustic contacted, I hereby consent for the team (typed or printed):	t(s) is a e of his qualifi ury. If o	accurate b/her scho led person emergeno dent name	PERMISSION AND RELEASE to the best of my knowledge. I hereby give my consent for the both except those indicated above by the licensed professional nnel to have access to information provided here as well as by service involving medical action or treatment is required and ed above to be given medical care by the doctor or hospital	I also to give d the pa	give my first aid rents(s)	
				Insurance Company:			
Parent's Home Phone:	Parent's			Parent's Work Phone:			

ALL INFORMATION IS TO REMAIN CONFIDENTIAL



Athlete Name: _



_Date of Birth: _



PROVIDER'S PHYSICAL EXAMINATION FORM

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY	,	
Height: Weight::		
Pulse: BP: / Vision: R 20/ L 2	0/	Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐
Unequal		·
MEDICAL (Please initial)	NORMA	ABNORMAL FINDINGS
Appearance (Marfan stigmata)	L	
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	NORMA	ABNORMAL FINDINGS
Neck	L	
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		
Notes:		
CLEARAN	CE	
Cleared without restriction		
Cleared with recommendations for further evaluation or treatment for:		
□ Not cleared for □ All sports □ Certain sports		Reason:
Recommendations:		

Name of Physician/Medical Provider [print or type]:	Date:
Address:	Phone:
Signature of Physician/Medical Provider:	
	

(Updated 4/24)