

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 hearing loss? Do you use a hearing aid? Y / N
- 10. Do you have a visual impairment? Y / N
- 11. Do you use any special devices for bowel or bladder function? Y / N
- 12. Do you have burning or discomfort when urinating? Y / N
- 13. Have you had autonomic dysreflexia? Y / N
- 14. Have you ever been diagnosed as having a heat-related or cold-related illness? Y / N
- 15. Do you have muscle spasticity? Y / N
- 16. Do you have frequent seizures that cannot be controlled by medication? Y / N

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

- Atlantoaxial instability Y / N
- Radiographic (x-ray) evaluation for atlantoaxial instability Y / N
- Dislocated joints (more than one) Y / N
- Easy bleeding Y / N
- Enlarged spleen Y / N
- Hepatitis Y / N
- Osteopenia or osteoporosis Y / N
- Difficulty controlling bowel Y / N
- Difficulty controlling bladder Y / N
- Numbness or tingling in arms or hands Y / N
- Numbness or tingling in legs or feet Y / N
- Weakness in arms or hands Y / N
- Weakness in legs or feet Y / N
- Recent change in coordination Y / N
- Recent change in ability to walk Y / N
- Spina bifida Y / N
- Latex allergy Y / N

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____ Signature of parent or guardian: _____
Date: ____/____/_____

Adapted from 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

2024-2025 PI ADAPTED ATHLETICS MEDICAL ELIGIBILITY FORM ADDENDUM
(Use only for Adapted Athletics - PI Division)
Minnesota State High School League

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The MSHSL has competitive interscholastic Physically Impaired (PI) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics – PI Division.

The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who are medically eligible to compete in competitive athletics. A student is administratively eligible to compete in the PI Division with one of the two following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below: (Must be diagnosed and documented by a Physician, Physician’s Assistant, and/or Advanced Practice Nurse.)

- 1. _____ Neuromuscular _____ Postural/Skeletal _____ Traumatic
_____ Growth _____ Neurological Impairment

Which: _____ affects Motor Function _____ modifies Gait Patterns

(Optional) _____ Requires the use of prosthesis or mobility device, including but not limited to canes, crutches, walker or wheelchair.

- 2. _____ Cardio/Respiratory Impairment that is deemed safe for competitive athletics, but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.

(NOTE:) A condition that can be appropriately managed with appropriate medications that eliminate physical or health endurance limitations WILL NOT be considered eligible for adapted athletics.

Specific exclusions to PI competition:

The following health conditions, without coexisting physical impairments as outlined above, do not qualify the student to participate in the PI Division even though some of the conditions below may be considered Health Impairments by an individual’s physician, a student’s school, or government agency. This list is not all-inclusive, and the conditions are examples of non-qualifying health conditions; other health conditions that are not listed below may also be non-qualifying for participation in the PI Division.

Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Emotional Behavioral Disorder (EBD), Autism spectrum disorders (including Asperger’s Syndrome), Tourette’s Syndrome, Neurofibromatosis, Asthma, Reactive Airway Disease (RAD), Bronchopulmonary Dysplasia (BPD), Blindness, Deafness, Obesity, Depression, Generalized Anxiety Disorder, Seizure Disorder, or other similar disorders.

Student Name _____

Provider (PRINT) _____

Provider (SIGNATURE) _____

Date of Exam _____