



# MONTANA HIGH SCHOOL ASSOCIATION

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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 9<sup>th</sup> graders must have a physical after May 1<sup>st</sup> of the year they enter high school, regardless of whether they had one in 8<sup>th</sup> 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](http://www.mhsa.org).

If you have any questions regarding the updated pre-participation examination form, please contact me or the MHSA sports medicine liaison, Greta Buehler.



Billings Clinic

LOGAN  
HEALTH

## 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

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

Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
 Date of examination: \_\_\_\_\_ Current school: \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)		YES	NO	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?				11. 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)?			
2. 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?				13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
HEART HEALTH QUESTIONS ABOUT YOU		YES	NO	BONE AND JOINT QUESTIONS		YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?				14. 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?			
5. 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?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?			
7. Has a doctor ever told you that you have any heart problems?				MEDICAL QUESTIONS		YES	NO
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				17. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				18. Have you ever used an inhaler or taken asthma medicine?			
10. Have you ever had a seizure?				19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			

MEDICAL QUESTIONS ( <i>CONTINUED</i> )	YES	NO	ADDITIONAL INFORMATION
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			Explain any "Yes" responses to questions in the history sections below. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
22. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
23. Have you ever become ill while exercising in the heat?			
24. Do you or does someone in your family have sickle cell trait or disease?			
25. Have you had or do you have any problems with your eyes or vision?			
26. Have you ever had an eating disorder?			
27. Have you had infectious mononucleosis (mono) within the last Month?			
<b>FEMALES ONLY</b>	<b>YES</b>	<b>NO</b>	
28. Have you ever had a menstrual period?			
29. How old were you when you had your first menstrual period?			
30. When was your most recent menstrual period?			
31. How many periods have you had in the past 12 months?			

**Name of Athlete** (typed or printed): \_\_\_\_\_

**Signature of Athlete:**\_\_\_\_\_

**PARENT’S OR GUARDIAN’S PERMISSION AND RELEASE**

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

**Name of Parent/Guardian** (typed or printed):\_\_\_\_\_

**Signature of Parent/Guardian:**\_\_\_\_\_

Date:\_\_\_\_\_ Address: \_\_\_\_\_ Insurance Company:\_\_\_\_\_

Parent’s Home Phone:\_\_\_\_\_ Parent’s Cell Phone: \_\_\_\_\_ Parent’s Work Phone: \_\_\_\_\_

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL**



## PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY		
Height: _____ Weight: _____		
Pulse: _____ BP: _____ / _____ Vision: R 20/_____ L 20/_____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal		
MEDICAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata)		
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)	NORMAL	ABNORMAL FINDINGS
Neck		
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CLEARANCE

☐ 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: \_\_\_\_\_



# Fighting Irish Parent Code of Conduct



Sacred Heart School is committed to providing a faith-based education for lifelong success. In order to accomplish this mission, Sacred Heart offers athletic programs to enhance our students' physical, mental, emotional, and spiritual development.

The conduct of Sacred Heart student-athletes, staff and parents are closely observed by our community and the communities we visit. The actions of all members of the SHS community should always be above reproach.

- I will remain positive, win or lose.
- I will encourage and demonstrate good sportsmanship.
- I will not applaud errors the opponent makes, heckle, jeer, or distract opponents or officials.
- I will maintain a Christian attitude towards referees, coaches, players and spectators.
- I will privately contact the coach if I have any questions or concerns.
- I will avoid profane language and/or threatening behavior.

I understand that failure to adhere to this Code of Conduct will result in being asked to leave my child's sporting event and/or being banned from all Sacred Heart sporting events.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*"Give thanks to God for the gift of sport, in which the human person exercises his body, intellect and will, recognizing these abilities as so many gifts of his Creator."*

St. John Paul II



# Fighting Irish Sports Code of Conduct

## Student-Athlete



Sacred Heart School is committed to providing a faith-based education for lifelong success. In order to accomplish this mission, Sacred Heart offers athletic programs to enhance our students' physical, mental, emotional, and spiritual development.

The conduct of a student-athlete at Sacred Heart is closely observed by our community. The actions of a student-athlete should always be above reproach.

- Being part of a Fighting Irish team is a privilege. Student-athletes who do not adhere school or team rules may be subject to disciplinary measures, including dismissal from the team.
- Fighting Irish are gracious in defeat, modest in victory, have control of their emotions, refrain from using profanity, never fight, and always play fair.
- Fighting Irish set forth a positive example for younger students and peers by answering Jesus' call to love the Lord your God and love your neighbor.
- Fighting Irish represent themselves, their family, their school, and their community as a whole and behave in an acceptable manner.
- Fighting Irish respect game officials, coaches, teammates, and opposing players.
- Fighting Irish strive to improve themselves and their peers, while enjoying and using the gifts God has given them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*"Give thanks to God for the gift of sport, in which the human person exercises his body, intellect and will, recognizing these abilities as so many gifts of his Creator."*

St. John Paul II

## SACRED HEART EXTRA-CURRICULAR PERMISSION FORM

We, \_\_\_\_\_ the parent(s) /guardian(s) of

\_\_\_\_\_ hereby make this release indemnity as follows:

1) That \_\_\_\_\_ is a student enrolled at Sacred Heart School and will be participating in sport activities.

2) That we hereby release, indemnity and hold harmless, Sacred Heart School, its Board of Trustees, Teachers, Student Supervisors, Employees and Agents from any responsibility of liability for personal injury, illness, or accident including injury to person or property during the period of that time \_\_\_\_\_ (student name) participates in the athletic program sponsored during the \_\_\_\_\_ (school year) school term.

3) That we have read, discussed and understand the rules and regulations of Sacred Heart School and the pertinent information contained in the Student Handbook.

4) That we understand by signing and returning this release and indemnity agreement and approval of rules and regulations that \_\_\_\_\_ (student name) is agreeing to abide by the rules established.

5) We, the parent(s) or guardian(s) of the above named student give approval for his or her participation in any of the organized or supervised athletic programs conducted by Sacred Heart School under the following conditions:

- a) That if the student is chosen for a team or group which is to make inter-city or out-of-city trips, he or she's travel is the parents responsibility.
- b) We, the parent(s) or guardian(s) of the above named student, and the student, consent to any treatment deemed necessary by any physician designated by school authorities for any illness or injury occurring to the above named student while participating in the athletic school sponsored activity.
- c) As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese, its officers, directors and agents and the Diocese, chaperones or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate the Diocese, its officers, directors and agents and the Diocese, chaperones or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ This year of \_\_\_\_\_

\_\_\_\_\_  
Sacred Heart Student

\_\_\_\_\_  
Parent or Guardian

Please read the attached Athletic Participation Policy / Regulations and sign that both the student and parent agree to abide by it.

## **Extra Curricular Activities: Sacred Heart School Athletics and Extra-Curricular Activity Policy**

**Participating in extra-curricular activities is a privilege.** This privilege is expected to be maintained by all participating students. Participants are expected to carry themselves in a manner that represents the Catholic faith and school favorably.

Athletes and activity participants will always conduct themselves in an appropriate manner that will not harm or taint the reputation of the school, group, or teammates. This includes posts and comments on social-media sites. The use of drugs, tobacco, or alcohol will result in permanent suspension from the team.

**Home school student participation.** Home school students could be allowed to participate in Sacred Heart School Athletics, at the discretion of the coach after consulting with the principal, on a “pay to participate” system. The principal has the final decision authority. The fee for cross country, volleyball, basketball, wrestling and track is a nonrefundable fee of \$75 and \$150 for football.

**Public school participation.** Public school students have an opportunity to play at public schools and, therefore, will not be allowed to participate at Sacred Heart School.

**Academic Eligibility.** Students must maintain a grade no lower than a C (76%) in each individual subject during the season to be reviewed each Monday. Teachers are to report any eligibility problems at that time. The entire eligibility policy will be given out during the parent/player meeting at the start of each season.

In a quarter, students who exceed more than three weeks of academic suspension during an extra-curricular activity or, who, in the principal’s judgment, excessively abuse the rules of conduct for athletes spelled out in the extra-curricular permission form, will not be eligible for post season tournaments, awards, or school t-shirts. The principal will seek the input of the coach, but, in all cases, the principal’s decision is final. The students and parents will be notified of ineligibility prior to any awards presentation or tournament participation.

**Attendance Requirements.** Participants will attend all scheduled practices and games or meets. Illness or doctor’s appointments are the only excused absences. If he or she is going to be absent for one of the above reasons, he or she must have advance permission from the coach. An unexcused absence from practice will result in a suspension from the next scheduled game or meet. Athletes must be in attendance a full school day on game or meet days to participate unless cleared by the principal.

Athletes are expected to participate at all games. Athletes must be at practice on time. If they are late more than (3) three times, they will not be allowed to participate in the next game or meet.

Practice times will be announced by the coaches for each sport. It is the student’s responsibility to know and observe the practice schedule. The School Administration is empowered to establish any other rules of eligibility it may see fit.

If a student desires to quit an extra-curricular activity, a conference between coach /teacher, parent and student is required.

**Physical Appearance.** An athlete shall maintain the appropriate dress and grooming standards of the team as determined by the coach in consultation with the coach’s immediate supervisor.

Uniforms and warmups, unless otherwise stated are provided by the school. Athletes will provide shoes, socks, headgear and/or warmups, as required. Each will be responsible for the care and maintenance of the uniforms and warm ups during the season(s). Any gear issued by Sacred Heart School, unless otherwise stated, remains the property of the school and must be replaced if lost or damaged beyond normal wear. Uniforms and warmups will be worn at designated times only.

Each participant must have passed a physical examination from a licensed physician or physician’s assistant certifying that his/her physical condition is adequate for participation in that activity. This is required before an athlete may participate in a practice.

Each participant must also have turned in all of the following appropriate paperwork before they can practice/play.

1. Sacred Heart Extra-Curricular Permission Form
2. Completed Physical
3. Signed Concussion Statement

Athlete’s Signature \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_