

To be used in conjunction with the MSHSL Sports Qualifying Physical Examination Clearance Form

Turning school sports exams into a complete Child & Teen Checkups Screening.

- Verbal referral for preventive dental checkups*

- More thorough Developmental Assessment including:*
 - Social Development, i.e. school, friends
 - Motor Skills

- Health Education/Anticipatory Guidance:*
 - Smoking, Alcohol, Drug Use
 - Home Environment
 - Nutrition
 - Safety (Seat belt use, sunscreen)

- Labs:*
 - Hgb (once during adolescence for menstruating females)
 - Urinalysis (one screening between the ages of 12-20)
 - Cholesterol, STD, TB (as indicated)

- Hearing Exam, puretone audiometry results*
 (subjective test O.K. at age 16, otherwise, use puretone audiometry for high school age children)

Right Ear				Left Ear			
500	1000	2000	4000	500	1000	2000	4000
<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal		<input type="checkbox"/> Question validity/retest			
Comments						Staff Initials	

Referrals:

Student Name: _____

Birth Date: _____