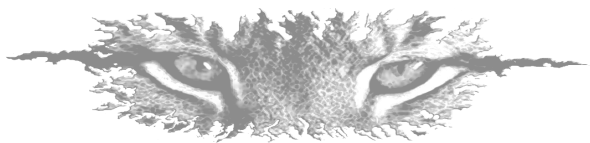


BRANDON VALLEY PHYSICAL FORM

2025-2026



Brandon Valley High School
301 South Splitrock Blvd.
Brandon, SD 57005 605-582-3211

PHYSICAL-FORM INSTRUCTIONS (Follow all steps.)

- 1) Complete page 2 (the last page) of this form.
- 2) Give the form to the doctor to complete page 1 (during your appointment). At the end of your appointment, make sure you keep the completed version of both pages (page 1 and page 2).
- 3) Have your parents/guardians scan and upload both pages of your complete sports physical in the BOUND registration system when they register you for your sport. (BOUND registration instructions are in the section below.)
 - Uploading both pages of your completed physical form is a required part of registering for your sport in BOUND.
 - **Paper, emailed, and faxed copies will not be accepted.**
 - **BOUND** registration—with a complete physical upload—is required prior to practice, so plan to get your physical well in advance of the start of your sports season.
 - Any physical dated on or after April 1, 2025, will be valid through the 2025-2026 school year.
- 4) Watch your email for any notifications from the BOUND system and/or from the Brandon Valley Activities Department.
 - Although you may initially receive a notification that your BOUND registration is complete, that **completion is pending the review of your uploaded physical form.**
 - **If your physical form is not complete, it will be deleted from your registration so that you can complete and re-upload the physical form.**
 - When that occurs, you will receive a “Physical Form deleted” notification from BOUND, typically along with another email from Brandon Valley to notify you of items that may be missing from your physical form.
 - **This process can significantly delay your registration, so please carefully review all areas of the physical form before uploading it into the BOUND system.**
 - If your physical notes a need for further evaluation or clearance, please upload the clearance (with the medical professional’s signature) into the BOUND system once you receive the official clearance.

BOUND REGISTRATION INSTRUCTIONS

- Each sport requires separate registration in the BOUND student-management system.
- Students cannot register themselves in BOUND, and registration CANNOT be done through the BOUND App.
- **Parents (or guardians), you must register your student/s for the selected sport by selecting the Registration option from the following site: <https://www.gobound.com/sd/schools/brandonvalley> .** (Important: select “Registration” from the main navigation; don’t go into the sport first.)
- Go through the steps as prompted in the **BOUND** system.
- Make sure you add all names and emails of those you want to receive sports-related communications from coaches.
- For more detailed instructions, see the Activities section of the Brandon Valley High School website.



Brandon Valley Schools

PHYSICAL FORM — PAGE 1
UPLOAD COMPLETED VERSION OF THIS PAGE
AND PAGE 2 (NEXT PAGE) INTO THE BOUND SYSTEM.

2025-2026 ANNUAL PHYSICAL EXAMINATION FORM PAGE 1

Exam must be dated on or after April 1, 2025, to qualify for the 2025-2026 school year.

STUDENT NAME: _____ **GRADE** _____ (Fall of 2025)

DATE OF BIRTH: _____ **DATE OF EXAM:** _____ **MALE** _____ **FEMALE** _____

EXAMINATION

Height:	Weight:	BP:
Pulse:	Vision: R 20/ _____ L 20/ _____	Corrected?:

MEDICAL	Normal	Abnormal Findings
Appearance		
Head/Mouth		
Eyes, ears, nose, and throat — Pupils equal and Hearing		
Lymph Nodes		
Heart* — Heart sounds, murmurs, pulse, rhythm, auscultation		
Lungs		
Abdomen — Liver/Spleen, masses		
Skin — HSV, Lesions, Staph, MRSA, etc.		
Neurological		

MUSCULOSKELETAL	Normal	Abnormal Findings
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, Hand and Fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional — Double-leg squat test, single-leg squat test, box drop or step-drop test		

PHYSICIAN REMINDERS:

1. Consider additional questions on more sensitive issues:

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, vaping, chewing tobacco, snuff or dip?
- Over the past 30 days, have you used chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seatbelt or helmet?

2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination.

SPORTS PARTICIPATION RECOMMENDED FOR (mark one):

- ☐ Medically eligible for ALL sports without restriction
- ☐ Medically eligible for ALL sports without Restriction with recommendation for further evaluation or treatment of _____
- ☐ Medically eligible CERTAIN sports (list here): _____
- ☐ Not medically eligible pending further evaluation: _____
- ☐ Not medically eligible for ANY sports: _____

NAME OF EXAMINER: _____ **DATE OF EXAM** _____ **20**

SIGNATURE OF EXAMINER (stamp not accepted) _____

NOTE: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physicians Assistant and Licensed Nurse Practitioners as those who can provide this recommendation. Form adapted with permission © 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, 2019.

PRE-PARTICIPATION HEALTH HISTORY FORM

Brandon Valley Schools

PRIOR TO ACTIVITY PARTICIPATION, SUBMIT A COMPLETED VERSION OF THIS PAGE AND PAGE 1 TO THE BVHS OR BVMS OFFICE.

PHYSICAL FORM — PAGE 2
UPLOAD COMPLETED VERSION OF THIS PAGE
AND PAGE 1 INTO THE BOUND SYSTEM.

Student Name: _____ Parent Name: _____
Student Date of Birth: _____ Grade (Fall of 2025): _____ Date of Exam: _____ Sport(s): _____

List all past and current medical conditions:

Have you ever had surgery? If yes, please list all procedures:

List all prescriptions, over-the-counter meds or supplements you currently take:

Do you have any allergies? If Yes, please list allergies here:

Over the last two weeks, how often have you been bothered by the following ? (Circle Response on right)	Not At All	Several Days	Over 1/2 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 in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes.

ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO “IN THE PAST YEAR” AND EXPLAIN ANY YES ANSWERS BELOW.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Do you have any concerns you'd like to discuss with your provider?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
3. Do you have any ongoing medical issues or recent illnesses?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			21. Have you ever had numbness, tingling, or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			22. Have you ever become ill while exercising in the heat?		
7. Has a doctor ever told you that you have any heart problems?			23. Do you or does someone in your family have sickle cell trait or disease?		
8. Has a doctor ever requested a test for your heart? (Examples: electrocardiography and echocardiography.)			24. Have you ever had or do you have any problems with your eyes or vision?		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			25. Do you worry about your weight?		
10. Have you ever had a seizure?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	27. Are you on a special diet, or do you avoid certain types of foods or food groups?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			28. Have you ever had an eating disorder?		
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)?			29. Have you ever had COVID-19?		
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			FEMALES ONLY	Yes	No
BONE AND JOINT QUESTIONS	Yes	No	30. Have you ever had a menstrual period?		
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 a game?			31. How old were you when you had your first period? _____		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			32. When was your most recent menstrual period? _____		
			33. How many periods have you had in the past 12 months? _____		

EXPLAIN ANY “YES” ANSWERS HERE AND ON SEPARATE SHEET (IF NEEDED):

CERTIFICATION OR RE-CERTIFICATION OF HEALTH: By submitting/uploading the complete version of this form, we state that, to the best of our knowledge, all answers on this page are complete and correct.