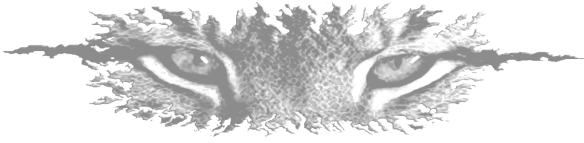


# BRANDON VALLEY PHYSICAL FORM AND ACTIVITY REGISTRATION INSTRUCTIONS

2026-2027



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, **making sure you do not miss any questions.**
- 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 versions of both pages of the physical form (page 1 and page 2).
- 3) Have your parents/guardians scan or take a picture of **both pages** of your completed sports physical, which they will need to upload into the BOUND registration system when they register you for your sport/activity.
  - **BOUND registration for each sport/activity is required prior to practice.** Instructions are in the section below.
  - **PAPER, EMAILED, AND FAXED PHYSICAL FORMS WILL NOT BE ACCEPTED.**
  - Any physical dated on or after April 1, 2026, will be valid through the 2026-2027 school year.
- 4) Have your parents/guardians regularly check the email they enter in BOUND for any notifications from the BOUND system and/or from the Brandon Valley Activities Department.

## ACTIVITY/BOUND REGISTRATION INSTRUCTIONS

- **Each sport/activity requires separate registration** by the student's PARENT/GUARDIAN in the BOUND student-management program.
- 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 each selected sport/activity by selecting the **Registration** option from the following site: <https://www.gobound.com/sd/schools/brandonvalley> . **(Important: select "Registration" from the main navigation; do NOT go into the sport first.)**
- After you select Registration, you will be asked to log into your family account (or to create a family account).
- After you create or log into your family account, please select 2026-2027 for the year if "2025-2026" is still showing.
- Find (or add) your student, and click on the Register button for that student.
- Find the appropriate sport and level, and then go through the steps as prompted in the BOUND system—using PDF or JPG files for the physical-form pages. (Please convert any HEIC files to JPG files; make sure the file size is not lower than medium; and **do not cut off any edges of the physical form.**) Make sure you scroll to the end of the registration pages and click the "Next" and "Complete" options.
  - Although you may initially receive a notification that BOUND registration is complete, that completion is pending the review of the uploaded physical form. If both pages of the physical form are not complete, the physical will be deleted so that it can be fully completed and re-uploaded. When that occurs, you will receive a "Physical Form deleted/rejected" notification from BOUND, typically along with another email from Brandon Valley that specifies what is missing from the physical form.
  - **Email notifications will be sent to the email you enter into the BOUND system.**
  - If the student's physical form includes a note requiring further evaluation for clearance, please upload the clearance (with the medical professional's signature) into the BOUND system once you receive that official clearance. After you upload the clearance documentation, please also notify the BV Activities department.
- Make sure you add all names and emails of all those you want to receive sports-related communications.





Brandon Valley Schools

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

**2026-2027 ANNUAL**  
**PHYSICAL EXAMINATION FORM**  
**PAGE 1**

**Exam must be dated on or after April 1, 2026, to qualify for the 2026-2027 school year.**

**STUDENT NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_ (Fall of 2026)  
**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		

**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)**

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		

\* 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**  
 To be completed by parent AND student

**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 2026): \_\_\_\_\_ 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 or pleasure in 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?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	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? (Example: electrocardiography or echocardiography.)			24. Have you ever had or do you have any problems with your eyes or vision?		
9. Do you get light-headed 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?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	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 35 years of age (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)?			<b>FEMALES ONLY</b>	<b>Yes</b>	<b>No</b>
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			29. Have you ever had a menstrual period?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	30. How old were you when you had your first 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. When was your most recent menstrual period? _____		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			32. 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 (the parent and student) state that, to the best of our knowledge, all answers on this page are complete and correct.