MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE, AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921

May 2026

TO: **PARENTS OF MHSA SPORTS PARTICIPANTS**
MEMBER HIGH SCHOOL ADMINISTRATORS

FROM: **BRIAN MICHELOTTI, EXECUTIVE DIRECTOR**

RE: **INTERIM MEDICAL HISTORY FORM**

Beginning in 2025, the Montana High School Association transitioned from annual pre-participation physical exams to a biennial (every other year) requirement. If your child completed a physical exam after May 1st, 2025, and was in grades 9-12 during the 2025-26 school year, that physical form is valid through the end of the 2026-27 academic year. However, if your child fits these requirements, you are required to complete the attached interim medical questionnaire for the years in between required full physical examinations.

The purpose of the interim medical questionnaire is to confirm that your child has not experienced any new medical issues since their last physical exam. Please document any new injuries, illnesses or conditions that may affect safe participation in athletics and notify the school of any new medications or health concerns. A parent signature attests that any medical condition or injury in the past year has been treated appropriately and has received clearance to participate in sport by a health care provider.

Please answer all questions honestly and thoroughly explain any “yes” answers with accurate details and dates. If you answer “yes” to any changes in medical history, you may be asked for documentation from a healthcare provider and/or written clearance at the discretion of the school athletic or medical staff. A new, full physical exam may be required before participation if your child has had a significant injury, illness or surgery or if a healthcare provider recommends reevaluation.

As a reminder, it is strongly recommended that your child receives an annual well-child visit with their primary care physician. The pre-participation exam and interim medical questionnaire do not take the place of this wellness check.

INTERIM MEDICAL FORM

Students are required to have a preparticipation physical examination completed every two years prior to the first practice of any sport. The examination must be certified by a licensed medical professional acting within the scope and limitations of their practice. Physical exams conducted after May 1st are valid for the **following two years**. Physical exams conducted prior to May 1st are valid only for the remainder of that school year and the following year. An interim history form is required during the off years and must be submitted to the school prior to first practice.

Athlete Name:_____Gender:_____ Grade:_____ Date of Birth:_____
Home Address:_____ Phone Number:_____
Parent/Guardian Name:_____ Current School:_____

MEDICAL HISTORY

Since last physical exam has this student?

		Yes	No
1.	Had surgery?	☐	☐
2.	Been hospitalized?	☐	☐
3.	Had a serious Illness?	☐	☐
4.	Had an injury requiring a physician's care?	☐	☐
5.	Been diagnosed with a concussion?	☐	☐
6.	Started taking any new medications?	☐	☐
7.	Developed any new allergies?	☐	☐
8.	Developed any health problems?	☐	☐

Explain YES answers:_____-
_____
_____

CONSENT FORM

1. I certify that the information provided above is accurate to the best of my knowledge. I also attest that the above student has been evaluated, treated and/or received clearance by an appropriate medical provider for any questions answered yes above and does not have any medical conditions that would restrict them from participating in athletics this school year.
2. I hereby give my consent for the above student to engage in approved athletic activities as a representative of their school. I also give my permission for the team physician, athletic trainer or other qualified personnel to have access to information provided here and may be disclosed to other school personnel involved in the medical care of this student.
3. I give my consent to necessary medical services, first aid and emergency medical care that may be required in the event of injury while at a school-sanctioned activity. If emergency medical treatment is required and the parent(s) or guardian cannot be contacted, I hereby consent for the above-named student to be given medical care by the doctor or hospital selected by the school.

Name of Athlete (Printed)_____ Athlete Signature_____

Name of Parent/Guardian (printed)_____

Parent or Guardian Signature_____ Date_____

The original copy of this form MUST be returned to the school.