

### **Pre-Participation Physical Evaluation**

HISTORY FORM (should be filled out by the student and Name			Sex	Age	Date of birth			
Grade School	Sp	ort(s)	ı					
Home Address					Phone -			
Personal physician			Parent E	mail				
PPE is required annually and shall not be taken	earli	er tha	n May 1 precedi	ng the school	year for which it is applicable.			
Medicines and Allergies: Please list all of the prescription and over-						l) that way	200	
currently taking:	-tile-c	ounte	inedicines, iiiii	aiers, and supp	mements (herbar and nutritional	□ No Me		ons
Do you have any allergies?   Yes   No If yes, please identify specific and the specific speci								
☐Medicines ☐Pollens ☐Pollens ☐			r 00a		□Stinging Insects			
	1		1					
Explain "Yes" answers below. Circle questions you don't know the				-4:			V	Nie
General Questions	Yes	No	Medical Que		have difficulty by a thing during an	oft ou	Yes	NO
<ol> <li>Have you had a medical condition or injury since your last check up or sports physical?</li> </ol>			exercise?	ign, wneeze, or	have difficulty breathing during or a	arter		
2. Has a doctor ever denied or restricted your participation in sports for any reason?			l		aler or taken asthma medicine?			
Do you have any ongoing medical conditions? If so, please identify			l		nily who has asthma?	tootiolo		-
below: □ Asthma □ Anemia □ Diabetes □ Infections				our spleen, or an	are you missing a kidney, an eye, a ny other organ?	lesticie		
Other:			31. Do you hav	e groin pain or a	a painful bulge or hernia in the groi	in area?		
4. Have you ever spent the night in the hospital?			32. Have you h	nad infectious me	ononucleosis (mono) within the las	t month?		
5. Have you ever had surgery?			33. Do you hav	ve any rashes, p	ressure sores, or other skin proble	ms?		$\perp$
Heart Health Questions About You	Yes	No	·	•	MRSA skin infection?			_
6. Have you ever passed out or nearly passed out DURING or AFTER			35. Have you e		injury or concussion?			
exercise?  7. Have you ever had discomfort, pain, tightness, or pressure in your chest			What is the		been held out of sports or school? ed?			_
during exercise?  8. Does your heart ever race or skip beats (irregular beats) during exercise?					blow to the head that caused confuemory problems?	usion,		
cise?  9. Has a doctor ever told you that you have any heart			l	e a history of se				
problems? If so, check all that apply:			· -	/e headaches wi				
☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			legs after b	eing hit or falling	ess, tingling, or weakness in your a g (Stinger/Burner/Pinched Nerve)?	1		
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			falling?		e to move your arms or legs after b	ellig filt of		
11. Do you get lightheaded or feel more short of breath than expected dur-			l		while exercising in the heat? e cramps when exercising?			$\vdash$
ing exercise?					ir family have sickle cell trait or dise	ease?		$\vdash$
12. Have you ever had an unexplained seizure?			l		is with your eyes or vision?			
13. Do you get more tired or short of breath more quickly than your friends during exercise?				nad any eye inju	<u> </u>			1
Heart Health Questions About Your Family	Yes	No	46. Do you we	ear glasses or co	ontact lenses?			
14. Has any family member or relative died of heart problems or had an			47. Do you we	ear protective ey	ewear, such as goggles or a face s	shield?		
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			<del>                                     </del>	rry about your w				
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			49. Are you try weight?	ing to or has an	yone recommended that you gain o	or lose		
syndrome, short QT syndrome, Brugada syndrome, or catecholaminer-			l		r do you avoid certain types of food	ds?		$\perp$
gic polymorphic ventricular tachycardia?  16. Does anyone in your family have a heart problem, pacemaker, or			i — -	ever had an eatir	<u> </u>	110		-
implanted defibrillator?			Females Onl		that you would like to discuss with	a doctor?	Yes	No
17. Has anyone in your family had unexplained fainting, unexplained sei-				ever had a mens	strual period?		103	140
zures, or near drowning? Bone And Joint Questions	Ves	No	<u> </u>		g any problems or changes with ath	hletic		+
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that	103		<u>                                   </u>	n (i.e., irregulari				
caused you to miss a practice or a game?					ou had your first menstrual period? ou had in the last 12 months?			
19. Have you ever had any broken or fractured bones or dislocated joints?				answers here	ou nad in the last 12 months?			
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			Explain yes	answers nere				
21. Have you ever had a stress fracture?								
22. Have you ever been told that you have or have you had an x-ray for neck								
instability or atlantoaxial instability? (Down syndrome or dwarfism)  23. Do you regularly use a brace, orthotics, or other assistive device?				-				
23. Do you regularly use a brace, orthotics, or other assistive device?  24. Do you have a bone, muscle, or joint injury that bothers you?								
25. Do any of your joints become painful, swollen, feel warm, or look red?								
26. Do you have any history of juvenile arthritis or connective tissue								
disease?								

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

## Pre-Participation Physical Evaluation Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329



\_\_, MD, DO, DC, PA-C, APRN

(please circle one)

\_ Date of birth: \_

#### PHYSICAL EXAMINATION FORM

Signature of healthcare provider\_

Name: \_\_\_

Date of recent	immunizations: Td	Tdap	Нер В	Varicella	HPV	Meningococcal
PHYSICIAN R	EMINDERS					
• Do you fee • Do you eve • Do you fee • Have you e	dditional questions of l stressed out or under er feel sad, hopeless, de l safe at your home or r ever tried cigarettes, ch	pressed, or anxious?	ip?	<ul> <li>Have you ever supplement?</li> <li>Have you ever improve your p</li> </ul>	taken any supplements to	r used any other performance o help you gain or lose weight or
2. Consider rev	viewing questions on	cardiovascular sympto	oms (questions 5–	14).		
EXAMINATION						
Height	Weight	Male Female	l BP (reference	e gender/height/age ch	art)**** /	( / ) Pulse
Vision R 20/	L 20/	Corrected: Yes No	<u> </u>		,	
MEDICAL				NORMAL	ABNOR	MAL FINDINGS
		h-arched palate, pectus exca yperlaxity, myopia, MVP, ao				
Eyes/ears/nose/t • Pupils equa • Gross Hear	ıl					
Lymph nodes						
	uscultation standing, sup					
Pulses • Simultaneou	us femoral and radial puls	ses				
Lungs						
Abdomen						
Genitourinary (m	ales only)**					
Skin • HSV, lesion:	s suggestive of MRSA, tir	nea corporis				
Neurologic***						
MUSCULOSKEL	LETAL					
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/finger	rs					
Hip/thigh						
Knee						
Leg/ankle Foot/toes						
Functional						
	single leg hop					
**Consider cognitiv  ***Chart found in: T  Cleared for all	ve evaluation or baseline neu The Fourth Report on the Dia I sports without restrictio	uropsychiatric testing if a history agnosis, Evaluation, and Treatm n	of significant concussion ent of High Blood Press	on. ure in Children and Adole	te setting. Having third party pre	
Not cleared ☐ Pend	ing further evaluation					
☐ For a	ny sports					
_						
*Rea	ason					
Recommendation	ns					
clinical contrain	idications to practice a	nd participate in the spoi	rt(s) as outlined abo	ove. If conditions ari	se after the athlete has be	ete does not present apparent een cleared for participation, to the athlete (and parents/
Name of healthca	are provider (print/type)_					Date
Address					Ph	one

# ATTENTION PARENTS AND STUDENTS KSHSAA ELIGIBILITY CHECKLIST

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

#### NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

#### For Middle/Junior High and Senior High School Students to Retain Eligibility

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official KSHSAA Handbook which is distributed annually and is available at your school principal's office.

#### Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation Parental Consent—Students shall have passed the attached evaluation and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.
- Rule 15 Enrollment/Attendance—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

  NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition—Students may not engage in outside competition in the same sport during a season in which they are representing their school.

  NOTE: Consult the coach, athletic diretor or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity—Students are eligible if they are not members of any fraternity or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction—Students are eligible if they have not participated in training sessions or tryouts held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport—Students are not eligible for more than four seasons in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name		
	(DI FASE DRINT CI FADIV)	

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

#### **Parent or Guardian Consent**

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form.

For Middle/Junior High and Ser If a negative response is given to any of the foll eligibility. This should be done before the studens till exist, the school administrator should telept of Transfer Form T-E on all transfer students.)  YES NO	lowing questions, this enrollee should at is allowed to attend his/her first cla	contact his/her administrator i ass and prior to the first activity	n charge of evaluating practice. If questions
2. Did you pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you at least five new seregulation which requires you pass at least five new seregulation which requires you pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregulation which requires you to pass at least five new seregularity and the pass at least five new se	s, have they made a permanent and be	sed) last semester? (The KSHS t in your last semester of attend viously passed) of unit weight the in attendance in at least five star? (If the answer is "no" to this queen a fide move into your school's	AA has a minimum ance.) his coming semester? ubjects of unit weight.) uestion, please answer attendance center?
The student/parent authorizes the school to mation for the purpose of determining stud- publish the name and picture of student as and KSHSAA activities or events.	lent eligibility. The student/paren	t also authorizes the school	and the KSHSAA to
Parent or Guardian's Signatu	ıre	Date	
Student's Signature	Date	Birth Date	Grade

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as

the use of a manual signature.