

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

HISTOR\	FORM (should be	e filled out by the student and	pare	ent/g	guardian prior to the physical examination)  Sex Age Date of birth				
Grade	School		Spor	rt(s)	200				
Home Addre	- Pro-								
Personal phy					Parent Email				
- or borrete proj									
	PPE is require	ed annually and shall not be taken	earliei	tna	n May 1 preceding the school year for which it is applicable.				
	s and Allergies: Please l aking:	ist all of the prescription and over-	the-cou	anter	medicines, inhalers, and supplements (herbal and nutritional) that you				
Do you hav	e any allergies?	☐ No If yes, please identify spe	ecific al	lergy	□ No Me y below.	aicati	ons		
⊔Medicine	es	□Pollens		_□ F	ood DStinging Insects				
What was t	the reaction?								
Explain "Ye	es" answers below. Cir	cle questions you don't know th	ıe ans	wer	s to.				
General Qu	iestions		Yes	No:	Medical Questions	Yes	No		
1. Have you sports ph		r injury since your last check up or			27. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
	ctor ever denied or restricte	ed your participation in sports for any			28. Have you ever used an inhaler or taken asthma medicine?				
reason?	ovo ony angoing modical o	onditions? If so, please identify		$\dashv$	29. Is there anyone in your family who has asthma?				
below:	ave any ongoing medicard ma □ Anemia □Dia				30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?				
Other:					31. Do you have groin pain or a painful bulge or hernia in the groin area?				
4. Have you	ever spent the night in the	hospital?			32. Have you had infectious mononucleosis (mono) within the last month?				
5. Have you	ı ever had surgery?				33. Do you have any rashes, pressure sores, or other skin problems?	$oxed{\Box}$			
Heart Heal	th Questions About Yo	u	Yes	//0	34. Have you had a herpes or MRSA skin infection?	ļ <u>.</u>	<del> </del>		
6. Have you exercise?	ever passed out or nearly	passed out DURING or AFTER			35. Have you ever had a head injury or concussion?  If yes, how many?	L	<u> </u>		
7. Have you	ı ever had discomfort, pain,	tightness, or pressure in your chest			What is the longest you've been held out of sports or school?				
		eats (irregular beats) during exer-			36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?				
cise?				_	37. Do you have a history of seizure disorder?	+			
9. Has a do problems	ctor ever told you that you l ? If so, check all that apply	nave any neart :			38. Do you have headaches with exercise?				
	olood pressure ☐ A heart cholesterol ☐ A heart i				39. Have you ever had numbness, tingling, or weakness in your arms or				
	saki disease				legs after being hit or falling (Stinger/Burner/Pinched Nerve)?  40. Have you ever been unable to move your arms or legs after being hit or	-			
	ctor ever ordered a test for nocardiogram)	your heart? (For example, ECG/			falling?				
		short of breath than expected dur-			41. Have you ever become ill while exercising in the heat?	-	-		
ing exerc					42. Do you get frequent muscle cramps when exercising?  43. Do you or someone in your family have sickle cell trait or disease?	-	+		
	ever had an unexplained s			$\dashv$	44. Have you had any problems with your eyes or vision?	┼	+		
during ex		eath more quickly than your friends		l	45. Have you had any eye injuries?	+	+		
	th Questions About Yo	ur Family	Yes	No	46. Do you wear glasses or contact lenses?				
14. Has any	family member or relative d	lied of heart problems or had an			47. Do you wear protective eyewear, such as goggles or a face shield?				
		death before age 50 (including , or sudden infant death syndrome)?			48. Do you worry about your weight?				
15. Does any	one in your family have hy	pertrophic cardiomyopathy, Marfan			49. Are you trying to or has anyone recommended that you gain or lose weight?				
		tricular cardiomyopathy, long QT gada syndrome, or catecholaminer-			50. Are you on a special diet or do you avoid certain types of foods?		1		
	orphic ventricular tachycar				51. Have you ever had an eating disorder?		1		
16. Does any	one in your family have a h	neart problem, pacemaker, or			52. Do you have any concerns that you would like to discuss with a doctor?				
		plained fainting, unexplained sei-			Females Only	Yes	No		
zures, or	near drowning? Joint Questions		Yes		53. Have you ever had a menstrual period?  54. If yes, are you experiencing any problems or changes with athletic		+-		
Andrew College College College	400000000000000000000000000000000000000	ne, muscle, ligament, or tendon that	11.7.18		participation (i.e., irregularity, pain, etc.)?  55. How old were you when you had your first menstrual period?				
caused y	ou to miss a practice or a g	game?			56. How many periods have you had in the last 12 months?	<u> </u>			
		actured bones or dislocated joints?	-		Explain "yes" answers here				
	ever had an injury that rec erapy, a brace, a cast, or cru	quired x-rays, MRI, CT scan, injec- utches?			and the state of t				
	ever had a stress fracture								
22. Have you instability	ever been told that you ha or atlantoaxial instability?	ave or have you had an x-ray for neck (Down syndrome or dwarfism)							
		tics, or other assistive device?							
	ave a bone, muscle, or join								
	<del> </del>	ıl, swollen, feel warm, or look red?							
26. Do you h disease?		arthritis or connective tissue							
I hereby st	ate that, to the best of	my knowledge, my answers to	the ab	ove	questions are complete and correct.				
Signature of	athlete	S	ignatu	re of	parent/guardian Date				
@ 2010 American A	cordamy of Family Physicians, American	Academy of Perliatrics, American College of Sports Mon	ticha Ama	rican M	artinal Spelaty for Sporte Martinina, American Orthogoartic Spelaty for Sporte Martinina, and American Octaopathic App		Canada		

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**PHYSICAL EXAMINATION FORM** 

Date of recent immunizations: Td Tdap Hep B Varicella HPV Meningococc  PHYSICIAN REMINDERS  1. Consider additional questions on more sensitive issues  • Do you feel stressed out or under a lot of pressure?  • Do you feel safe at your home or residence?  • Have you ever feel sad, hopeless, depressed, or anxious?  • Have you ever taken anabolic steroids or used any other perfesupplement?  • Have you ever taken any supplements to help you gain or lose improve your performance?  • Do you wear a seat belt and use a helmet?  2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).	rmance
<ul> <li>1. Consider additional questions on more sensitive issues</li> <li>Do you feel stressed out or under a lot of pressure?</li> <li>Do you ever feel sad, hopeless, depressed, or anxious?</li> <li>Do you feel safe at your home or residence?</li> <li>Have you ever taken anabolic steroids or used any other perfersupplement?</li> <li>Have you ever taken any supplements to help you gain or lose improve your performance?</li> <li>Do you drink alcohol or use any other drugs?</li> <li>Have you ever taken anabolic steroids or used any other perfersupplement?</li> <li>Do you drink alcohol or use any other drugs?</li> <li>Have you ever taken anabolic steroids or used any other perfersupplement?</li> <li>Do you drink alcohol or use any other drugs?</li> <li>Have you ever taken anabolic steroids or used any other perfersupplement?</li> <li>Do you drink alcohol or use any other drugs?</li> <li>Have you ever taken anabolic steroids or used any other perfersupplement?</li> <li>Do you wear a seat belt and use a helmet?</li> </ul> 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).	
<ul> <li>Do you feel stressed out or under a lot of pressure?</li> <li>Do you ever feel sad, hopeless, depressed, or anxious?</li> <li>Do you feel safe at your home or residence?</li> <li>Have you ever taken any supplements to help you gain or lost improve your performance?</li> <li>During the past 30 days, did you use chewing tobacco, snuff, or dip?</li> <li>Do you wear a seat belt and use a helmet?</li> </ul> 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14). EXAMINATION	
EXAMINATION	
Height Weight Male Female BP (corrected for height/age) / ( / ) Pulse	
Vision R 20/         L 20/         Corrected: Yes □ No □           MEDICAL         NORMAL         ABNORMAL FINDINGS	
MEDICAL  Appearance  Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	
Eyes/ears/nose/throat Pupils equal Gross Hearing	
Lymph nodes	
Heart *  • Murmurs (auscultation standing, supine, +/- Valsalva)  • Location of point of maximal impulse (PMI)	
Pulses	
Simultaneous femoral and radial pulses  Lungs	
Abdomen	
Genitourinary (males only)**	
Skin  • HSV, lesions suggestive of MRSA, tinea corporis	
Neurologic***	
MUSCULOSKELETAL Neck	
Back	
Shoulder/arm	
Elbow/forearm Elbow forearm	
Wrist/hand/fingers	
Hip/thigh Hip/thigh	
Knee	
Leg/ankle	
Foot/toes	
Functional  • Duck-walk, single leg hop	
*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.	
☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for	
☐ Not cleared	
Pending further evaluation	
☐ For any sports ☐ For certain sports	
*Reason	
Recommendations	
I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participate the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and guardians).	ination
Name of healthcare provider (print/type)	
AddressPhone	
Signature of healthcare provider, MD, DO, D	

# ATTENTION PARENTS AND STUDENTS KSHSAA ELIGIBILITY CHECK LIST

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 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 September 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 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		
	(BI FASE DRINT CI FABIV)	-

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, 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 Check List and how to retain eligibility information listed in this form.

If a <b>neg</b> eligibilit still exis	For Middle/Junior High and Senior High sative response is given to any of the following quest yy. This should be done before the student is allowed that, the school administrator should telephone the KS fer Form T-E on all transfer students.)  NO	ions, this enrollee should to attend his/her first c	d contact his/her administrator in lass and prior to the first activity	n charge of evaluating practice. If questions				
1.	Are you a bona fide student in good standing Did you pass at least five new subjects (the regulation which requires you to pass at least Are you planning to enroll in at least five new (The KSHSAA has a minimum regulation which Did you attend this school or a feeder school in Sections a and b.)  a. Do you reside with your parents? b. If you reside with your parents, have they	nose not previously pa five subjects of unit weig v subjects (those not pr h requires you to enroll an n your district last semest	ussed) last semester? (The KSHS), the in your last semester of attended eviously passed) of unit weight the domain attendance in at least five subter? (If the answer is "no" to this quality of the control of the cont	AA has a minimum ance.) us coming semester? ubjects of unit weight.) uestion, please answer				
The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.								
	Parent or Guardian's Signature		Date					
Student's Signature		Date	Birth Date	Grade				