

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)						
Home Address					Phone -			
Personal physician			Parent E	nail				
PPE is required annually and shall not be taken	earli	er tha	n May 1 precedi	ng the school	year for which it is appl	icable.		
Medicines and Allergies: Please list all of the prescription and over-	tho-c	ounto	r modicinos inh	alore and supp	loments (herbal and nut	ritional) that you	aro	
currently taking:	cific :	allerg	y below.					ons
☐Medicines ☐Pollens What was the reaction?]	Food		Stinging Insects			
Explain "Yes" answers below. Circle questions you don't know th	ie an	swer	s to.					
General Questions	Yes	No	Medical Que	stions			Yes	No
Have you had a medical condition or injury since your last check up or sports physical?			27. Do you cou exercise?	igh, wheeze, or	have difficulty breathing du	uring or after		
2. Has a doctor ever denied or restricted your participation in sports for any			28. Have you	ever used an inh	aler or taken asthma medi	cine?		
reason? 3. Do you have any ongoing medical conditions? If so, please identify				, ,	nily who has asthma?			
below:				oorn without or a our spleen, or an	re you missing a kidney, a	n eye, a testicle		
☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:			, ,,,,	•	a painful bulge or hernia in	the groin area?		
4. Have you ever spent the night in the hospital?					ononucleosis (mono) within			
5. Have you ever had surgery?			33. Do you hav	e any rashes, p	ressure sores, or other ski	n problems?		
Heart Health Questions About You	Yes	No	34. Have you h	nad a herpes or l	MRSA skin infection?			
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?			If yes, how	many?	injury or concussion? been held out of sports or	school?		
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			When were	you last release				
8. Does your heart ever race or skip beats (irregular beats) during exercise?			prolonged		emory problems?			
Has a doctor ever told you that you have any heart problems? If so, check all that apply: The state of the state			38. Do you hav	ve headaches wi	th exercise?			
☐ 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 g (Stinger/Burner/Pinched	Nerve)?		
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			falling?		e to move your arms or leg			
11. Do you get lightheaded or feel more short of breath than expected dur-			-		while exercising in the heat e cramps when exercising?			
ing exercise?					r family have sickle cell tra			
12. Have you ever had an unexplained seizure?					s with your eyes or vision?			
13. Do you get more tired or short of breath more quickly than your friends during exercise?				ad any eye injur				
Heart Health Questions About Your Family	Yes	No	46. Do you we	ear glasses or co	entact lenses?			
14. Has any family member or relative died of heart problems or had an			47. Do you we	ear protective eye	ewear, such as goggles or	a face shield?		
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			48. Do you wo	rry about your w	eight?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			weight?		yone recommended that ye			
syndrome, short QT syndrome, Brugada syndrome, or catecholaminer-					r do you avoid certain type	s of foods?		
gic polymorphic ventricular tachycardia? 16. Does anyone in your family have a heart problem, pacemaker, or				ever had an eatir	<u> </u>	Ouganistic of decision	-	
implanted defibrillator?			Females Onl		that you would like to disc	uss with a doctor?	Yes	No
17. Has anyone in your family had unexplained fainting, unexplained sei- zures, or near drowning?				ever had a mens	trual period?			
Bone And Joint Questions	Yes	No	54. If yes, are	you experiencing	g any problems or changes	with athletic		
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that				n (i.e., irregulari	ty, pain, etc.)? u had your first menstrual	neriod?		
caused you to miss a practice or a game?					u had in the last 12 month			
19. Have you ever had any broken or fractured bones or dislocated joints?20. Have you ever had an injury that required x-rays, MRI, CT scan, injec-				answers here				
tions, therapy, a brace, a cast, or crutches?								
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?								
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



_____ Date of birth: ___

Phone ___

____, MD, DO, DC, PA-C, APRN (please circle one)

PHYSICAL EXAMINATION FORM

Name: __

Address_

Signature of healthcare provider_

Date of recent immunizations: Td	Tdap	Нер В	Varicella	HPV	Meningococcal		
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, chewing tobacco, snuff, or dip? • During the past 30 days, did you use 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 supplement? Have you ever taken any supplements to help you gain or lose weight or improve your performance? Do you wear a seat belt and use a helmet? 				
Consider reviewing questions on cardi	ovascular symptoms	(questions 5-	14).				
XAMINATION							
	e 🗌 Female 🗍 🔠	RP (reference	e gender/height/age chart)****	. /	(/) Pulse		
	Corrected: Yes No	Di (l'eleterie	gendenneighbage chart)	,	(/) i disc		
IEDICAL			NORMAL	ABNOF	MAL FINDINGS		
Marfan stigmata (kyphoscoliosis, high-arche arachnodactyly, arm span > height, hyperlax							
eyes/ears/nose/throat • Pupils equal • Gross Hearing							
ymph nodes	·						
Heart * • Murmurs (auscultation standing, supine, +/- • Location of point of maximal impulse (PMI)	Valsalva)						
Pulses • Simultaneous femoral and radial pulses							
ungs							
bdomen							
enitourinary (males only)**							
kin • HSV, lesions suggestive of MRSA, tinea cor eurologic***	poris						
IUSCULOSKELETAL							
eck							
ack							
houlder/arm							
bow/forearm							
/rist/hand/fingers							
ip/thigh							
nee							
eg/ankle							
oot/toes unctional							
Duck-walk, single leg hop consider ECG, echocardiogram, and referral to cardiol consider cognitive evaluation or baseline neuropsych *Chart found in: The Fourth Report on the Diagnosis, Cleared for all sports without restriction Cleared for all sports without restriction with	iatric testing if a history of sig Evaluation, and Treatment of	gnificant concussion High Blood Press	on. oure in Children and Adolescents.	Pediatric BP mobile app	olication can also be used.		
			or a cauncill IVI				
Not cleared Pending further evaluation For any sports For certain sports							
*Reason							
ecommendations							
have examined the above-named student a linical contraindications to practice and par ne physician may rescind the clearance unti uardians).	ticipate in the sport(s)	as outlined ab	ove. If conditions arise after	er the athlete has b	een cleared for participation,		
ame of healthcare provider (print/type)					Date		

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 EACE DDINE CLEADIN)

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 Senior High School Students to Determine Eligibility When Enrolling If a negative response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on all transfer students.) YES NO							
1.	Are you a bona fide student in good standing in Did you pass at least five new subjects (the regulation which requires you to pass at least in 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 in the dent/parent authorizes the school to release to be dent/parent authorizes the school to release to be dent/parent.	tose not previously profive subjects of unit we are subjects (those not parequires you to enroll and your district last semental are made a permanent and	reassed) last semester? (The KSHSA ight in your last semester of attenda ireviously passed) of unit weight thin do be in attendance in at least five suster? (If the answer is "no" to this quality of the individual bona fide move into your school's a	AA has a minimum ince.) is coming semester? bjects of unit weight.) estion, please answer attendance center?			
mation 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				
Stud	lent'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.