Kansas State High School Activities Association

PRE-PARTICIPATION PHYSICAL EVALUATION

PPE

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

HISTORY FORM *(Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)*

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Home Address _____ Phone _____

Personal physician _____ Parent Email _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and Allergies:

Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking:

_____ ☐ No Medications

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines _____ ☐ Pollens _____ ☐ Food _____ ☐ Stinging Insects _____

What was the reaction? _____

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
3. Do you have any ongoing medical issues or recent illness?	☐	☐
4. Have you ever spent the night in the hospital?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU:	**YES**	**NO**
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	☐	☐
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	☐	☐
8. Has a doctor ever told you that you have any heart problems?	☐	☐
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	☐	☐
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐
11. Have you ever had a seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	**YES**	**NO**
12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	☐	☐
13. 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)?	☐	☐
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐
BONE AND JOINT QUESTIONS:	**YES**	**NO**
15. 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 game?	☐	☐
16. Have you ever had any broken or fractured bones or dislocated joints?	☐	☐
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	☐	☐
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	☐	☐
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	☐	☐
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	☐	☐
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	☐	☐

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:	YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
23. Have you ever used an inhaler or taken asthma medicine?	☐	☐
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?	☐	☐
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?	☐	☐
26. Have you had infectious mononucleosis (mono)?	☐	☐
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	☐	☐
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	☐	☐
If yes, how many?		
What is the longest time it took for full recovery?		
When were you last released?		
29. Do you have headaches with exercise?	☐	☐
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?	☐	☐
31. Have you ever become ill while exercising in the heat?	☐	☐
32. Do you get frequent muscle cramps when exercising?	☐	☐
33. Do you or does someone in your family have sickle cell trait or disease?	☐	☐
34. Have you ever had or do you have any problems with your eyes or vision?	☐	☐
35. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
36. Do you worry about your weight?	☐	☐
37. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
38. Are you on a special diet or do you avoid certain types of foods or food groups?	☐	☐
39. Have you ever had an eating disorder?	☐	☐
40. How do you currently identify your gender? ☐ **M** ☐ **F** ☐ **Other** _____		

41. Over the last 2 weeks, how often have you been bothered by any of the following problems? *(check box)*	NOT AT ALL	SEVERAL DAYS	OVER HALF 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 more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes)
Patient Health Questionnaire Version 4 (PHQ-4)

FEMALES ONLY:	YES	NO
42. Have you ever had a menstrual period?	☐	☐
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?	☐	☐
44. How old were you when you had your first menstrual period?		
45. When was your most recent menstrual period?		
46. How many menstrual periods have you had in the past 12 months?		

Explain all Yes answers here

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

X **Signature of student-athlete** _____ **Signature of parent/guardian** _____ **Date** _____

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KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ **Date of birth** _____

Date of recent immunizations: **Td** **Tdap** **Hep B** **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, e-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 enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet and adhere to safe sex practices?
2. **Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).**
3. **Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.**

EXAMINATION		
Height Weight Male ☐ Female ☐ BP *(reference gender/height/age chart)***** / (/) Pulse		
Vision R 20/ L 20/ Corrected: Yes ☐ No ☐		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes/ears/nose/throat - Pupils equal, Gross Hearing		
Lymph nodes		
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Pulses - Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus* aureus (MRSA), or tinea corporis		
Neurological***		
Genitourinary (optional-males only)**		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

X **Signature of healthcare provider** _____, **MD, DO, DC, PA-C, APRN**
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Kansas State High School Activities Association, *601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329*

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KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

X **Signature of healthcare provider: _____, MD, DO, DC, or PA-C, APRN**

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

Medications: _____

_____

Other information: _____

_____

Emergency contacts: _____

_____

Parent or Guardian Consent

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 exami-nation 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.

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.

X **Signature of parent/guardian _____ Date _____**

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.

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ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ ***(PLEASE PRINT CLEARLY)***

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 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 to schools and is available at *www.kshsaa.org.*

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 director 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.

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 school? (If there is a question, your principal will make that determination.)
2.	☐	☐	Did you **pass at least five new subjects (those not previously passed)** last semester? *(The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)*
3.	☐	☐	Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? *(The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.)*
4.	☐	☐	Did you **attend** this school or a feeder school in your district last semester? *(If the answer is "no" to this question, please answer Sections a and b.)*
	☐	☐	a. Do you reside with your parents?
	☐	☐	b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

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

X **Signature of parent/guardian** _____ **Date** _____

X **Signature of student** _____ **Birth Date**_____ **Grade**_____ **Date** _____

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.