



## HISTORY

# PRE-PARTICIPATION PHYSICAL EVALUATION

TO BE COMPLETED ANNUALLY BY EVERY PARTICIPANT AND PARENT OR GUARDIAN

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Personal physician \_\_\_\_\_  
 In case of emergency, contact:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**STUDENT/PARENT/GUARDIAN - answer questions below PRIOR TO EXAMINATION by physician.  
 Explain "YES" answers in space below. Circle the number of the questions you do not know.**

- | YES                         | NO                       |  |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical illness or injury since your last check up or sports physical?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Do you have an ongoing or chronic illness?   |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever had surgery?   |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?                                   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever passed out during or after exercise?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever been dizzy during or after exercise?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever had chest pain during or after exercise?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Do you get tired more quickly than your friends do during exercise?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever had racing of your heart or skipped heartbeats?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you had high blood pressure or high cholesterol?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever been told you have a heart murmur?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Has any family member or relative died of heart problems or of sudden death before age 50?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Has a physician ever denied or restricted your participation in sports for any heart problems?   |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?   |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a head injury or concussion?<br>When? _____ How many? _____  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever been knocked out, become unconscious, or lost your memory?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever had a seizure?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever had numbness or tingling in your arms, hands, legs, or feet?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Have you ever had a stinger, burner, or pinched nerve?   |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever become ill from exercising in the heat?  |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Do you cough, wheeze, or have trouble breathing during or after activity?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Do you have asthma?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | Do you use an inhaler before exercise?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | Do you have seasonal allergies requiring medical treatment?  |

- | YES                          | NO                       |   |
|------------------------------|--------------------------|---|
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problems with your eyes or vision?   |
| <input type="checkbox"/>     | <input type="checkbox"/> | Do you wear glasses, contacts, or protective eyewear?   |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a sprain, strain, fracture or dislocation of a muscle, tendon, bone or joint?<br>If yes, check appropriate box and explain below.   |
|                              | <input type="checkbox"/> | Head  |
|                              | <input type="checkbox"/> | Neck  |
|                              | <input type="checkbox"/> | Back  |
|                              | <input type="checkbox"/> | Chest   |
|                              | <input type="checkbox"/> | Shoulder  |
|                              | <input type="checkbox"/> | Upper arm   |
|                              | <input type="checkbox"/> | Elbow   |
|                              | <input type="checkbox"/> | Forearm   |
|                              | <input type="checkbox"/> | Wrist   |
|                              | <input type="checkbox"/> | Hand  |
|                              | <input type="checkbox"/> | Finger  |
|                              | <input type="checkbox"/> | Hip   |
|                              | <input type="checkbox"/> | Thigh   |
|                              | <input type="checkbox"/> | Knee  |
|                              | <input type="checkbox"/> | Shin/calf   |
|                              | <input type="checkbox"/> | Ankle   |
|                              | <input type="checkbox"/> | Foot  |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Do you want to weigh more or less than you do now?  |
| <input type="checkbox"/>     | <input type="checkbox"/> | Do you lose weight regularly to meet weight requirements for your sport?  |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor told you or a family member that you are at risk for blood disorders? Ex: Sickle Cell, etc...  |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Were you born without or are you missing a kidney, testicle or any other organs?  |
| 16. <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that you have fatigue or increased shortness of breath with activity?   |
| 17. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns that you would like to discuss with the doctor?  |

### FEMALES ONLY

18.   Have you begun menstruation?  
  If yes, are you ever experiencing any problem (i.e., irregularity, pain, etc.)?

### IDENTIFY "YES" ANSWERS (by number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PHYSICAL EXAMINATION

## PRE-PARTICIPATION PHYSICAL EVALUATION

Name		Date of Birth	
Height	Weight	Pulse	Blood Pressure /
Vision	R 20/      L 20/	Corrected: Y N	Pupils: Equal      Unequal
Record date of most recent immunizations (shot) for DT/Td		Hep B	Varicella

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

### CLEARANCE

Cleared for all activities

Not cleared for: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM**

Name of physician (print / type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD, DO, DC or RPA  
(please circle)

# ATTENTION PARENTS AND STUDENTS

## KSHSAA ELIGIBILITY CHECK LIST

**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** given by a physician 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 \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

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 practicing physician or registered physicians assistant 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 upon a student's initial entrance into 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, the school nurse, trainer, 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.**

### 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?

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date