

## KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION PO Box 495, 601 SW Commerce Place; Topeka, KS 66601-0495; (785) 273-5329



# HISTORY PRE-PARTICIPATION PHYSICAL EVALUATION

Name		Sex	Age	Date	of birth			
	TO BE COMPLETED ANNUALLY BY	Y EVERY I	PARTICIPA	ANT AND	PARENT	T OR GUARDI	AN	
Grade	School	Sport(s)						
Address	3				P	Phone ( )		
Persona	l physician		Parent E	Email				
	of emergency, contact:							
Name	Relationship		Phone	(H)		( <b>W</b> )		
PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.  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			YES N	7		_		
1.	Have you had a medical illness or injury since y check up or sports physical?	our last	10. 📙 🗀				rective equipment or sport or position (for	
	Do you have an ongoing or chronic illness?						oot orthotics, retainer	
2.	Have you ever been hospitalized overnight?		🗆 🗆	٦ .	eeth, hearing			
	Have you ever had surgery?		11. 🔲 📙	7		oblems with your , contacts, or prote		
3. 🗀	Are you currently taking any prescription or non-pres (over-the-counter) medications or pills or us		12.	¬ ·	_	_	acture or dislocation	
	inhaler?	sing an	12	of a musc	cle, tendon, l	bone or joint?		
	Have you ever taken any supplements or vitamins					iate box and expla		
4. 🗌	you gain or lose weight or improve your performan  Do you have any allergies (for example, to pollen, m.				Head Neck	☐ Elbow ☐ Forearm	□ Hip □ Thigh	
	food, or stinging insects)? Have you ever had a rash				Back	☐ Wrist	☐ Knee	
5. $\square$	develop during or after exercise?  Have you ever passed out during or after exercise?				Chest	Hand	Shin/calf	
3. <u> </u>	Have you ever been dizzy during or after exercise?	<b>I</b>			Shoulder	☐ Finger	☐ Ankle	
	Have you ever had chest pain during or after exerc		13. 🗆 🗆	7	Upper arm	h 4h .	☐ Foot	
	Do you get tired more quickly than your friends do exercise?	during		Do you lo	se weight r	h more or less tha egularly to meet v	weight requirements	
	Have you ever had racing of your heart or skipped hea	rtbeats?	14. 🗆 🗆	for your s		u or a family mer	nber that you are at	
H	Have you had high blood pressure or high choleste	<b>I</b>		risk for b	lood disorde	ers? Ex: Sickle Ce	ll, etc	
H	Have you ever been told you have a heart murmur	<b>I</b>	15. 🗀 🗀		l born witho her organs?		ing a kidney, testicle	
ш	Has any family member or relative died of heart p or of sudden death before age 50?	robiems	16 🗌 🗀	Do you fe	eel that you	have fatigue or in	creased shortness of	
	Have you had a severe viral infection (for example, my	ocarditis	17 🗆 🗆		ith activity?		vould like to discuss	
	or mononucleosis) within the last month?  Has a physician ever denied or restricted your parti	cination	11.	with the		ncerns mat you v	vouru like to discuss	
	in sports for any heart problems?			-0 0111	,			
6. 🗀	Do you have any current skin problems (for example rashes, acne, warts, fungus, or blisters)?	itching,		_	ı begun men	struation?		
7. $\square$	Have you ever had a head injury or concussion? When? How many?			If yes, ar	-	xperiencing any p	oroblem	
	Have you ever been knocked out, become unconsc	cious, or						
П	lost your memory?  Have you ever had a seizure?		IDENTIF	Y "YES	ANSWE	RS (by numbe	er)	
	Have you ever had numbness or tingling in your arms legs, or feet?	s, hands,						
	Have you ever had a stinger, burner, or pinched ne	rve?						
8. 🔲	Have you ever become ill from exercising in the he	<b>I</b>						
9. $\square$	Do you cough, wheeze, or have trouble breathing d after activity?	uring or						
	Do you have asthma?							
	Do you use an inhaler before excercise?							
	Do you have seasonal allergies requiring medical trea	itment?						

### PHYSICAL EXAMINATION

## PRE-PARTICIPATION PHYSICAL EVALUATION

			Date	of Birth			
Weight			Pulse		Blood P	ressure	/
R 20/	L 20/	Corrected:	Y N	Pupils:	Equal	Unequal	
nmunizations:	Td		Tdap	Н	ер В		
	Varicella		HPV	M	[eningococcal		
	NORMAL	AE	BNOF	RMAL FINDINGS			INITIALS*
e/Throat							
ia							
KELETAL							
l							
nination only			^	DANOE			
-114::4:		CL	.EA	RANCE			
for:							
ns:							
EBY CERTIFY						THE EXAM	INATION
		MAKE THE EVA	LUATIO		DRM		
an ( <i>print/type</i>	)			Date			
				Phone (	)		
nveicion						MD	. DO. DC or RPA
	R 20/ nmunizations:  byThroat  ia  KELETAL  inination only  all activities for:  ns:	R 20/ L 20/ Immunizations: Td  Varicella  NORMAL  A/Throat  KELETAL  Initial activities  for:  Ins:  EBY CERTIFY THAT I AM QUAL AND an (print/type)	R 20/ L 20/ Corrected:  munizations: Td  Varicella  NORMAL AE  NOR	Weight R 20/ L 20/ Corrected: Y N Immunizations: Td Varicella  NORMAL ABNOR  ABNOR  WELETAL  KELETAL  CLEA  all activities for:  as:  Td Tdap  Varicella  HPV  CLEA  AND MAKE THE EVALUATION  AND MA	R 20/ L 20/ Corrected: Y N Pupils:  munizations: Td Tdap H  Varicella HPV M  NORMAL ABNORMAL FINDINGS  Phone (  CLEARANCE  ABY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPE AND MAKE THE EVALUATION REFLECTED ON THIS FORM (print/type)  Date  Phone (	Weight Pulse Blood P. R 20/ L 20/ Corrected: Y N Pupils: Equal munizations: Td Tdap Hep B Varicella HPV Memingococcal  NORMAL ABNORMAL FINDINGS  NORMAL ABNORMAL FINDINGS  VThroat  KELETAL  CLEARANCE  all activities for:  SS:  CLEARANCE  Blood P. R 20/ N Pupils: Equal Memingococcal  Hep B Memingococcal  CLEARANCE  SS:  Blood P. R 20/ N Pupils: Equal Memingococcal  Hep B Memingococcal  Hep B Memingococcal  India Service	Weight Pulse Blood Pressure R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal Immunizations: Td Tdap Hep B Varicella HPV Meningococcal  NORMAL ABNORMAL FINDINGS  //Throat  //Throat  KELETAL  CLEARANCE  all activities for:  INCRESS CENTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAM AND MAKE THE EVALUATION REFLECTED ON THIS FORM  INCRESS CENTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAM AND MAKE THE EVALUATION REFLECTED ON THIS FORM  Date  Phone ( )

(please circle)

## 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 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.)

of Trans	fer Fo	orm T-E on <b>all</b> transfer students.)			,				
YES	NO								
1.		Are you a bona fide student in <b>good standi</b>	ng in school? (If there is a que	estion, your principal will make t	hat determination.)				
2.	Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA ha regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)								
3.		Are you planning to <b>enroll in at least five new subjects (those not previously passed)</b> 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 weigh							
4.		Did you <b>attend</b> 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 the	ey made a permanent and b	oona fide move into your school's	attendance center?				
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					
Stud	lent's	Signature	Date	Birth Date	Grade				