



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

PPE

HISTORY

PRE-PARTICIPATION PHYSICAL EVALUATION

Name _____ Sex _____ Age _____ Date of birth _____

TO BE COMPLETED ANNUALLY BY EVERY PARTICIPANT AND PARENT OR GUARDIAN

Grade _____ School _____ Sport(s) _____

Address _____ Phone () _____

Personal physician _____ Parent Email _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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 NO

1. Have you had a medical illness or injury since your last check up or sports physical?
 Do you have an ongoing or chronic illness?
2. Have you ever been hospitalized overnight?
 Have you ever had surgery?
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
 Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
4. 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. Have you ever passed out during or after exercise?
 Have you ever been dizzy during or after exercise?
 Have you ever had chest pain during or after exercise?
 Do you get tired more quickly than your friends do during exercise?
 Have you ever had racing of your heart or skipped heartbeats?
 Have you had high blood pressure or high cholesterol?
 Have you ever been told you have a heart murmur?
 Has any family member or relative died of heart problems or of sudden death before age 50?
 Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
 Has a physician ever denied or restricted your participation in sports for any heart problems?
6. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?
7. Have you ever had a head injury or concussion?
 When? _____ How many? _____
 Have you ever been knocked out, become unconscious, or lost your memory?
 Have you ever had a seizure?
 Have you ever had numbness or tingling in your arms, hands, legs, or feet?
 Have you ever had a stinger, burner, or pinched nerve?
8. Have you ever become ill from exercising in the heat?
9. Do you cough, wheeze, or have trouble breathing during or after activity?
 Do you have asthma?
 Do you use an inhaler before exercise?
 Do you have seasonal allergies requiring medical treatment?

YES NO

10. 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. Have you had any problems with your eyes or vision?
 Do you wear glasses, contacts, or protective eyewear?
12. Have you ever had a sprain, strain, fracture or dislocation of a muscle, tendon, bone or joint?
If yes, check appropriate box and explain below.
 Head Elbow Hip
 Neck Forearm Thigh
 Back Wrist Knee
 Chest Hand Shin/calf
 Shoulder Finger Ankle
 Upper arm Foot
13. Do you want to weigh more or less than you do now?
 Do you lose weight regularly to meet weight requirements for your sport?
14. Has a doctor told you or a family member that you are at risk for blood disorders? Ex: Sickle Cell, etc...
15. Were you born without or are you missing a kidney, testicle or any other organs?
16. Do you feel that you have fatigue or increased shortness of breath with activity?
17. 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
Date of recent immunizations: Td		Tdap		Hep B	
Varicella		HPV		Meningococcal	

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
Skin			
MUSCULOSKELETAL			
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

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.)

- | YES | NO | |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | 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. <input type="checkbox"/> | <input type="checkbox"/> | 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. <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Do you reside with your parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona 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

Student's Signature

Date

Birth Date

Grade

CONSENT TO PARTICIPATE IN FIELD TRIP OR OTHER ACTIVITY AND CONSENT FOR TREATMENT

(This form must be signed and returned to the school by _____ if the student named below is to participate in the field trip/activity or athletic event.)

I, _____, the parent and legal guardian of _____, give my consent for my child to participate in the field trip/other activity described here _____ on _____ (date). I further give my legal consent and authorize any representative of _____ to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that _____ is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment of hospitalization of my child. A photocopy of the document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

WARNING-ASSUMPTION OF RISK TO ATHLETES

There are many special benefits being afforded student-athletes by the athletic programs at Louisburg Middle School and Louisburg High School. It must be understood that participation of athletic activities may lead to injury to student-athletes. Therefore, the purpose of this section is to make all student-athletes aware that dangers do exist and that participation is voluntary with the understanding that risks are involved. It is to be further understood that student-athletes must share in the responsibility for their own safety and the safety of others as each participates in the district athletic program.

STUDENT'S NAME _____ BIRTHDATE _____

Parent/Guardian Name: _____

Father: _____

Mother: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

If emergency would occur at or close to home, name of doctor you wish to see your son or daughter:

Doctor's Name: _____

Dentist: _____

Address: _____

Address: _____

Office phone: _____

Office phone: _____

Hospital preference: _____

Insurance Company: _____

Policy and Group Number: _____

Student Signature Date Parent/Guardian Signature Date

