

PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

- The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way. (available for download at www.ihsaa.org<http://www.ihsaa.org/>)
- 2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.

3. **SIGNATURES**

- □ The signature must be hand-written. No signature stamps will be accepted.
- \Box The signature and license number must be affixed on page two (2).
- \Box The parent signatures must be affixed to the form on pages one (1) and four (4).
- \Box The student-athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam				
Name				Date of birth
Sex /	Age	Grade	School Sp	port(s)
Medicines and	Allergies: Please list	t all of the prescription and	over-the-counter medicines and supplements (herba	al and nutritional) that you are currently taking
Do you have any	y allergies? 🛛 Y	/es 🗆 No If yes, please	e identify specific allergy below.	

□ Medicines

Pollens

Food

□ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

1. Has acclose were denside or setstricted your participation in sports for any reason? 28. Do you couchy, wherear, or have efficially bestime medicine? 20. 2. Do you have any onpoin medical conditions? I so, please density below: [] Astimum and Anemia [] Dankets. [] Infections [] 27. Nave you ever used an inflated or taken astimum? 20. 3. Have you ever spent the night in the hospital? 21. 22. Vere you born without or are your mission without or any ontal address, and yea, a testical infections [] 20. Or you have grant of the grant medicine? 22. 4. Have you ever thad surgery? 2 23. Vere you born without or are your mission within the grain and? 22. 5. Have you ever thad discontint, pain, tightness, or pressure in your check at that applic [] were read an testical inging or concussion? 21. 2. Do you have grant and phice [] were read or should be the rear cole or skip betals (megular betals) during sercise? 23. 3. Have you ever thad a location of the your heart? (Fer sample, ECCERCE [] [] were read an testical flag or concussion? 21. 3. Have you ever thad a numery phice [] were read an testical or flag or meany problems? 21. 3. Have you ever thad a numery phice [] were read an testical or flag or meany problems? 21. 3. Have you ever thad a numery phice [] were read an testical or flag or meany problems? 21. 3. Have you ever thad a numery phice [] were read an testical or flag or meany problems?	GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
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BONE AND JOINT QUESTIONS Yes No 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months? 20. Have you ever had a stress fracture? 53. How old were you when you had a stress fracture? 54. How many periods have you had in the last 12 months? 21. Have you ever had a stress fracture? 53. How old were you when you had a stress fracture? 55. How old were you when you had your first menstrual period? 22. Do you regularly use a brace, orthotics, or other assistive device? 54. How many periods have you had an x-ray for neck instability? (Down syndrome or dwarfism) 55. How old were you when you had your first menstrual period? 23. Do you have a bone, muscle, or joint injury that bothers you? 54. How many periods have you had your first menstrual period? 55. How old were you when you had your first menstrual period?						
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z4. Do any or your joints become paintal, swollen, leer warm, or look red:	24. Do any of your joints become painful, swollen, feel warm, or look red?					
25. Do you have any history of juvenile arthritis or connective tissue disease?	25. Do you have any history of juvenile arthritis or connective tissue disease?]		
	23. Do you have a bone, muscle, or joint injury that bothers you?					
25. Do you have any history of juvenile arthritis or connective tissue disease?	25. Do you have any history of juvenile arthritis or connective tissue disease?			l		

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

Signature of athlete

Signature of parent/guardian

Date

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) - IHSAA By-Law 3-10



Name

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, use a helmet, and use condoms?
- 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION										
Height	nt Weight 🗆 Mal			Male	e 🗆 Female					
BP /	(1	6)	Pulse	Vision	R 20/	L 20/	Corrected D Y	ΠN
MEDICAL							NORMAL		ABNORMAL FINDINGS	
 Appearance Marfan stigmat arm span > hei 	a (kyphoscolio: ght, hyperlaxit	sis, high- y, myopia	archeo a, MVP,	d palat aortic	e, pectus excava insufficiency)	itum, arachnodactyly,				
Eyes/ears/nose/th Pupils equal Hearing	oat									
Lymph nodes										
Heart ^a Murmurs (ausc Location of point 				Valsalv	a)					
Pulses Simultaneous f 	emoral and rad	tial pulse	s							
Lungs										
Abdomen										
Genitourinary (mal	es only) ^b									
Skin • HSV, lesions su	gestive of MR	ISA, tinea	a corpo	ris						
Neurologic ^c										
MUSCULOSKELE	AL									
Neck										
Back										
Shoulder/arm										
Elbow/forearm										
Wrist/hand/fingers	1									
Hip/thigh										
Knee										
Leg/ankle										
Foot/toes										
 Functional Duck-walk, sin 	le leg hop									

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider GU exam if in private setting. Having third party present is recommended. *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for

Not cleared	
Pending further evaluation	
□ For any sports	
For certain sports	
Reason	
Recommendations	
participate in the sport(s) as outlined above. A copy of the physical exam is on record in tions arise after the athlete has been cleared for participation, the physician may rescind explained to the athlete (and parents/guardians). (<i>The physical examination must be perfort practitioner or a physician assistant to be valid for the following school year.</i>) – IHSAA By-Law 3-10	the clearance until the problem is resolved and the potential consequences are completed and on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse
Name of physician (print/type) (MD, DO, NP, or PA)	Date
Address	Phone
Signature of physician (MD, DO, NP, or PA)	License #

Date of birth

PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

- 1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
- 2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf SeeRule 101)
- 3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
- 4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
- 5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - ... unless you are entering the ninth grade for the first time.
 - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
- 6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
- 7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
- 8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
- 9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
- 10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
- 11. must not accept awards in the form of merchandise, meals, cash, etc.
- 12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete See Rule 15-1b)
- 13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
- 14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
- 15. must not participate with a student enrolled below grade 9.
- 16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
- 17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
- 18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
- 19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

PREPARTICIPATION PHYSICAL EVALUATION **CONSENT & RELEASE CERTIFICATE**



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- Α. I have read the IHSAA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in athletic competition.
- в. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- С. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA D. and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- Ε. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date:	Student Signature: (X)
	Printed:

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

Α. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.

- Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- Undersigned understands that participation may necessitate an early dismissal from classes. Β.
- Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholas-С. tic and attendance records of such school concerning the student.
- Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, D. and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- Ε. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:

- The student has school student accident insurance.
- The student has adequate family insurance coverage.
- The student has football insurance through school.
- The student does not have insurance.

Company:	

Policy Number: _

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: Parent/	Guardian/Emancipated Student Signature: $\underline{(X)}$
	Printed:
Date:	Parent/Guardian Signture:
54(0).	
	Printed:
CONSENT & RELEASE CERTIFICATE	
Indiana High School Athletic Association, Inc.	
9150 North Meridian St., P.O. Box 40650	File In Office of the Principal

Indianapolis, IN 46240-0650 DLC: 6/24/2016

FORM D - 7/11

File In Office of the Principal Separate Form Required for Each School Year