

Kansas State High School Activities Association



PRE-PARTICIPATION PHYSICAL EVALUATION

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 o	ut by the student and par e	ent/guardian prior to the phys	sical examination)		
Name			*Sex at Birth	Age	Date of bi	rth	
Grade	School			Sport(s	5)		
Home Addres	5			Phone	-		
Personal phys				Parent Email			
*In cases of di determination		evelopment (DSD), designa	tion of sex at birth may be de	layed for a period of time until med	dical providers and family c	an make th	ie appropriate
List past an	d current medical	conditions:					
Have you ev	ver had surgery? 1	f yes, list all past surgical pr	ocedures:				
	and Allergies: Il of the prescription	on and over-the-counter m	edicines, inhalers, and supple	ements (herbal and nutritional) tha	at you are currently taking:		
						☐ No f	Medications
Do you have	e any allergies? 「	Yes No If yes, ple	ase identify specific allergy be	elow.			
1				Stinging Insects			
i —							
TTHIS WAS C	TO TOO CHOTT						
Explain "Yes"	" answers at the	end of this form. Circle	questions if you don't kno	w the answer.			
GENIERAL	QUESTIONS:					YES	NO
		s that you would like to disc	cuss with your provider?				
ļ			pation in sports for any reaso	n?			
	****	medical issues or recent ill					
		night in the hospital?	······································	·			
HEART HE	ALTH QUESTIO	NS ABOUT YOU:				YES	NO
		t or nearly passed out durin	ng or after exercise?	, Constitution 1			
	Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?						
7. Does yo	our heart ever race	e, flutter in your chest, or sk	ip beats (irregular beats) dur	ing exercise?			
8. Has a d	octor ever told you	u that you have any heart p	roblems?				
9. Has a d	octor ever reques	ted a test for your heart? F	or example, electrocardiogra	phy (ECG) or echocardiography.		$\perp \Box$	
10. Do you	get light-headed o	or feel shorter of breath tha	in your friends during exercis	e?			
11. Have yo	ou ever had a seizu	ıre?					
		NS ABOUT YOUR FAN				YES	ИО
ing drov	wning or unexplair	ned car crash)?		or unexplained sudden death befo			
right ve	ntricular cardiomy	ily have a genetic heart pro ropathy (ARVC), long QT syn achycardia (CPVT)?	blem such as hypertrophic ca idrome (LQTS), short QT synd	ardiomyopathy (HCM), Marfan sync Irome (SQTS), Brugada syndrome,	Irome, arrhythmogenic or catecholaminergic		
14. Has any	one in your family	had a pacemaker or an im	planted defibrillator before a	ge 35?			
BONE AN	D JOINT QUEST	IONS:	_			YES	NO
15. Have yo	ou ever had a stres	ss fracture or an injury to a	bone, muscle, ligament, joint,	, or tendon that caused you to mis	s a practice or game?		
16. Have yo	ou ever had any br	oken or fractured bones or	dislocated joints?				
17. Have yo	ou ever had an inju	ıry that required x-rays, MR	ll, CT scan, injections or thera	ру?			
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?							
		cle, ligament, or joint injury				$\perp \perp$	
21. Do you Dwarfis		of juvenile arthritis, other au	itoimmune disease or other o	congenital genetic conditions (e.g.,	Downs Syndrome or		

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

■ 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?	N	-
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 leg after being hit or falling?	s 🔲	
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?	er	
40, How do you contently you garden. Not at all Seve	RAL OVER HALF	NEARLY EVERY DA
		3
Teemig Hervous, visitous, di vireuge		3
Not define to stop of control working		3
Little interest of pressure in tonig unings		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)		<u>L</u>
Patient Health Questionnaire Version 4 (PHQ-4)	YES	NO
FEMALES ONLY:		180
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 from the previous two pages.		
By signing below, I certify that all information provided on pages 1-2 is accurate and true. I understand that any false or misleading inf of this exam could result in disqualification from activity participation for my child and my child's teams.	ormation prov	ided as p
Signature of parent/guardian Dat	е	
Signature of student-athlete Date		

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

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

PHYSICIAN REMINDERS 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? Physician Reminders is additional questions on more sensitive issues 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 o improve your performance?	Name			Date of birth					
. Consider additional questions on more sensitive issues Do you rever feel said, hopeless, depressed, or anothous? Do you rever feel said, hopeless, depressed, or anothous? Do you rever feel said, hopeless, depressed, or anothous? Have you ever tried cigrertes, e-cigaretes, chewing tobacco, smulf, or dip? Have you ever tried cigrertes, e-cigaretes, chewing tobacco, smulf, or dip? Per Kornas Status, any school authorise who has sustained a concussion on the status, any school authorise who has sustained as concusions in shall not return to competition or practice until the athlete shool as sustained as a Concusion shall not return to competition or practice until the athlete is evaluated be healthcare provider and the healthcare provider (MD or DO enly) provides such athlete a written clearance to return to play or practice. EXAMINATION EXAMINATION Height Weight Male Female BP (reference genderheightings chart)****** / (/) Pulice EXAMINATION Height Weight Male Female BP (reference genderheightings chart)***** / (/) Pulice EXAMINATION MEDICAL Appearance Marfan stignate (typhoscollosis, high-arrhed pallate, pectus excavatum, aradmodartyly, hyperlasty, myopha, m'cal whee probage (tw'll) and sortic itsufficiency) Propis equal, cross Hearing Lungs Heart Memory stau-culation standing, associlation supline, and it Valsalva maneuver) Pulpes Simillaneous femoral and radioli pulses Lungs Heart Memory stau-culation standing, associlation supline, and it Valsalva maneuver) Pulpes Simillaneous femoral and radioli pulses Lungs Heart Memory stau-culation standing, associlation supline, and it Valsalva maneuver) Pulpes Simillaneous femoral and radioli pulses Lungs Heart Memory stau-culation standing state, pecture are arrived by the control of the state of t	Date of recent immunizations: Td	Tdap	Нер В	Var	icella	HPV		Meningococcal	
Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by healthcare provider and the healthcare provider (MD or DO only) provides and the healthcare provider. Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.	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?				 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? 				
Meight Meight Male Female BP freference gender/height/rage chargt****	 Per Kansas statute, any school athlete w healthcare provider and the healthcare p 	rho has sustained a c provider (MD or DO or	oncussion shall aly) provides su	l not return ch athlete a	to compo written c	iearance	r practi to retu	ce until the athlete is evaluated l irn to play or practice.	
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Eignature of healthcare provider MD, DO, DC, PA-C, AI									
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Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Address _

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeko, KS 66601 | 785-273-5329 Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Orthopaedic Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

Phone

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM __ Date of birth ____ Name_ 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): __ Signature of healthcare provider: _____, MD, DO, DC, or PA-C, APRN Phone: SHARED EMERGENCY INFORMATION 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 the examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination. 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 I do not know of any existing physical or any additional health reasons that would preclude an existing physical craft with the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams. 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.

Signature of parent/guardian _____ Parent/guardian phone:

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.

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

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