

Pre-Participation Physical Evaluation

Ransas State High School Activities Association • C	501 8	w Co	nmerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329		
HISTORY FORM (should be filled out by the student and	d pa	rent	guardian prior to the physical examination)		
Name	•		Sex Age Date of birth		
Grade School	Sp	ort(s)			
Home Address			Phone -		
Personal physician			Parent Email		
PPE is required annually and shall not be taken	earli	ier tha	n May 1 preceding the school year for which it is applicable.		
Medicines and Allergies: Please list all of the prescription and over-	the-c	ounte	r medicines, inhalers, and supplements (herbal and nutritional) that you a	re	
currently taking:			□ No Medi	cation	18
Do you have any allergies? Yes No If yes, please identify spe	ecific	allerg	y below.		
What was the reaction?		⊔	Food		_
					_
Explain "Yes" answers below. Circle questions you don't know t General Questions	-				700
Have you had a medical condition or injury since your last check up or	res	No		Yes	NO
sports physical?			27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a doctor ever denied or restricted your participation in sports for any reason?			28. Have you ever used an inhaler or taken asthma medicine?		
Do you have any ongoing medical conditions? If so, please identify		-	29. Is there anyone in your family who has asthma?	_	
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
Other:			31. Do you have groin pain or a painful bulge or hernia in the groin area?		
4. Have you ever spent the night in the hospital?			32. Have you had infectious mononucleosis (mono) within the last month?		
5. Have you ever had surgery?			33. Do you have any rashes, pressure sores, or other skin problems?		
Heart Health Questions About You	Yes	No	34. Have you had a herpes or MRSA skin infection?	_	
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?			35. Have you ever had a head injury or concussion? If yes, how many?		
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			What is the longest you've been held out of sports or school? When were you last released?		
Does your heart ever race or skip beats (irregular beats) during exercise?			36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
9. Has a doctor ever told you that you have any heart			37. Do you have a history of seizure disorder?		
problems? If so, check all that apply:			38. Do you have headaches with exercise?		
☐ High blood pressure ☐ A heart murmur☐ High cholesterol ☐ A heart infection☐ Kawasaki disease ☐ Other:			39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling (Stinger/Burner/Pinched Nerve)? 40. Have you ever been unable to move your arms or legs after being hit or		
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			falling? 41. Have you ever become ill while exercising in the heat?	_	
11. Do you get lightheaded or feel more short of breath than expected dur-			42. Do you get frequent muscle cramps when exercising?		-
ing exercise? 12. Have you ever had an unexplained seizure?	-	-	43. Do you or someone in your family have sickle cell trait or disease?		-
13. Do you get more tired or short of breath more quickly than your friends			44. Have you had any problems with your eyes or vision?		
during exercise?	W	CVI	45. Have you had any eye injuries?	_	
Heart Health Questions About Your Family 14. Has any family member or relative died of heart problems or had an	Yes	No	46. Do you wear glasses or contact lenses? 47. Do you wear protective eyewear, such as goggles or a face shield?		
unexpected or unexplained sudden death before age 50 (including			48. Do you worry about your weight?		
drowning, unexplained car accident, or sudden infant death syndrome)?			49. Are you trying to or has anyone recommended that you gain or lose	-	-
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			weight?		
syndrome, short QT syndrome, Brugada syndrome, or catécholaminer- gic polymorphic ventricular tachycardia?			50. Are you on a special diet or do you avoid certain types of foods? 51. Have you ever had an eating disorder?	_	
16. Does anyone in your family have a heart problem, pacemaker, or		-	52. Do you have any concerns that you would like to discuss with a doctor?		-
implanted defibrillator?				Yes I	No
17. Has anyone in your family had unexplained fainting, unexplained sei- zures, or near drowning?			53. Have you ever had a menstrual period?	T	1
Bone And Joint Questions	Yes	No	54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		-
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			55. How old were you when you had your first menstrual period?		
19. Have you ever had any broken or fractured bones or dislocated joints?		-	56. How many periods have you had in the last 12 months?		
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			Explain "yes" answers here		
21. Have you ever had a stress fracture?					
Nave you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			1		
23. Do you regularly use a brace, orthotics, or other assistive device?					
24. Do you have a bone, muscle, or joint injury that bothers you? 25. Do any of your joints become painful, swollen, feel warm, or look red?		_			
26. Do you have any history of juvenile arthritis or connective tissue			- APPENDENT AND A PROPERTY OF		
diséase?					_

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

Pre-Participation Physical Evaluation Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329



PHYSICAL EXAMINATION F	ORM				
Name:	Date of birth:				i birth:
Date of recent immunizations: Td _	Tdap	Hep B	Varicella	HPV	Meningococcal
PHYSICIAN REMINDERS					
 1. Consider additional questions on Do you feel stressed out or under a Do you ever feel sad, hopeless, depr Do you feel safe at your home or res Have you ever tried cigarettes, chev During the past 30 days, did you us 	lot of pressure? ressed, or anxious? sidence? wing tobacco, snuff, or dip? se chewing tobacco, snuff, or		 Have you eve supplement? Have you eve improve your Do you wear 		or used any other performance to help you gain or lose weight or
2. Consider reviewing questions on o	ardiovascular symptoms	(questions 5	-14).)	
EXAMINATION					
Height Weight	Male Female I	BP (referen	ce gender/height/age cl	hart)**** /	(/) Pulse
Vision R 20/ L 20/ MEDICAL	Corrected: Yes No		NORMAL	ABNO	RMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, higharachnodactyly, arm span > height, hyp					
Eyes/ears/nose/throat					
Lymph nodes					
Heart * • Murmurs (auscultation standing, supin- • Location of point of maximal impulse (I					
Pulses • Simultaneous femoral and radial pulse	s				
Lungs					
Abdomen					
Genitourinary (males only)**					
Skin • HSV, lesions suggestive of MRSA, tine	a corporis				
Neurologic***					
MUSCULOSKELETAL					16
Neck					
Back					
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh Knee					
Leg/ankle					
Foot/toes					
Functional					
Duck-walk, single leg hop					
*Consider ECG, echocardiogram, and referral to c ****Consider cognitive evaluation or baseline neuro ****Chart found in: The Fourth Report on the Diagr Cleared for all sports without restriction	opsychiatric testing if a history of signosis, Evaluation, and Treatment of	nificant concuss	ion.		
☐ Cleared for all sports without restriction	with recommendations for furt	her evaluation	or treatment for		
Not cleared ☐ Pending further evaluation					
For any sports					
For certain sports					
*Reason					
Recommendations					
I have examined the above-named stude clinical contraindications to practice and the physician may rescind the clearance guardians).	d participate in the sport(s)	as outlined at	ove. If conditions ar	ise after the athlete has	been cleared for participation.
Name of healthcare provider (print/type)					Date
					Phone
Signature of healthcare provider					
organization of frequencial e provider					, MD, DO, DC, PA-C, APRN (please circle one)

ATTENTION PARENTS AND STUDENTS KSHSAA ELIGIBILITY CHECKLIST

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 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 consecutive 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 August 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, athletic director 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		
	OF BACE PRODUCT OF BARYER	

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 this examination by a Kansas licensed supervising physician, 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 annually before a student participates in 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, 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.

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form.

For Middle/Junior High and Senior Hig If a negative response is given to any of the following queligibility. This should be done before the student is allow still exist, the school administrator should telephone the of Transfer Form T-E on all transfer students.) YES NO	uestions, this enrollee shoul wed to attend his/her first c	d contact his/her administrator i lass and prior to the first activity	n charge of evaluating practice. If questions
1.	(those not previously parast five subjects of unit weignew subjects (those not prohich requires you to enroll and of in your district last semested to the KSHSAA student regibility. The student/pare	ssed) last semester? (The KSHS the tin your last semester of attend eviously passed) of unit weight the domain tender in at least five state? (If the answer is "no" to this que bona fide move into your school's records and other pertinent do not also authorizes the school	AA has a minimum ance.) nis coming semester? ubjects of unit weight.) uestion, please answer attendance center? ocuments and inforand the KSHSAA to
Parent or Guardian's Signature		Date	
Student's Signature	Date	Birth Date	Grade
The parties to this document agree that an electronic signature is	s intended to make this writing	effective and binding and to have the	e same force and effect as

SHAWNEE MISSION SCHOOL DISTRICT CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2019-2020

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the followin	g:
Headaches	Amnesia
"Pressure in head"	"Don't feel right"
 Nausea or vomiting 	 Fatigue or low energy
Neck pain	Sadness
 Balance problems or dizziness 	 Nervousness or anxiety
 Blurred, double, or fuzzy vision 	 Irritability
 Sensitivity to light or noise 	More emotional
 Feeling sluggish or slowed down 	Confusion
 Feeling foggy or groggy 	 Concentration or memory problems
 Drowsiness 	(forgetting game plays)

- Appears dazed
- Vacant facial expression
- Confused about assignment

Change in sleep patterns

- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly

- Slurred speech
- Shows behavior or personality changes

Repeating the same question/comment

- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and students is the key for student-athlete's safety.

If You Think Your Child Has Suffered a Concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

http://www.cdc.gov/concussion/HeadsUp/youth.html

http://www.kansasconcussion.org/

For concussion information and educational resources collected by the KSHSAA, go to:

http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm

ス カスカ	$\downarrow\downarrow\downarrow\downarrow\downarrow$	VVVV
Student-Athlete Printed Name	Student-Athlete Signature	Date
Parent or Legal Guardian Printed Name	Parent or Legal Guardian Signature	Date