



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), nurse practitioner or physician assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician assistant 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.
 - The signature and license number must be affixed on page three (3).
 - The parent signatures must be affixed to the form on pages two (2) and five (5).
 - The student-athlete signature must be affixed to pages two (2) and five (5).
4. **Distribution**
 - History Form retained by Physician/Healthcare Provider
 - Examination Form and Consent and Release Form signed and returned to member school.

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

PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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Valid April 1, 2025 - May 31, 2026

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

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, chewing tobacco, snuff, or dip?
 - During the last 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 use any other appearance/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?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION						
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female				
BP	/	(/)	Pulse	Vision R 20/	L 20/	Corrected? Y N
MEDICAL					NORMAL	ABNORMAL FINDINGS
Appearance						
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat						
• Pupils equal						
• Hearing						
Lymphnodes						
Heart						
• Murmurs (auscultation standing, supine, +/- Valsalva)						
Pulses						
• Simultaneous femoral and radial pulses						
Lungs						
Abdomen						
Skin						
• HSV, lesions suggestive of MRSA, tinea corporis						
Neurologic						

MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			• Double-leg squat test, box drop or step drop test		
Hip/thigh					

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

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

PARTICIPATION 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 – See Rule 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.

(Consent & Release Certificate - on back or next page)

Bellmont Middle School Consent for Medical Treatment & Non-Prescription Medication of a Minor

This form and the physical form must be completed and submitted to the athletic secretary in order to participate.

Student Athlete (minor)

Full Legal Name: _____

Address: _____

Date of Birth: _____ Age _____ Gender: Female _____ Male _____

I (we) _____ of _____, Indiana _____
(printed name of parent/guardian) (city) (county)

do hereby state that I am (we are) the parent(s) or legal guardian(s) of the above minor student athlete, who resides with me (us). In the event I (we) cannot be located; I (we) authorize

_____ fall coach

_____ early winter coach

_____ late winter coach

_____ spring coach

an adult, an administrator of North Adams Community Schools, including Belmont High School, Belmont Middle School and Belmont Elementary School in the city of Decatur, county of Adams, state of Indiana to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or specific supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana. I (we) understand that in such a case reasonable attempts would be first made to contact me (us), time and condition permitting.

Father's Name _____ Mother's Name _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

Allergies: _____ Asthma: _____ Diabetes: _____

Other medical conditions: _____

In order to administer non-prescription medication to a student, Indiana law requires that written parent permission be on file with the school. To make this process more convenient for parents and the athletic trainer or coach, the following check list and consent are being provided for your signature. The following non-prescription medications are available in the training room after regular school hours. Please check the non-prescription medicines that may be given to your son/daughter. If non-prescription medicine is not included on the list, please add in the blank provided. NOTE: Generic medicines may be substituted.

Tylenol Tums Aleve Ibuprofen Cough Drops Other _____

Parent Signature _____ Date _____

**CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)

Bellmont Middle School
Athletic and Extra-Curricular Code of Conduct and Legal Reporting Waiver
2025-2026

Please Print Athlete's Name

_____ Grade: _____
Last Name First Name Middle Initial

Legal Reporting Waiver: Authorization for Release of Information

I request and authorize Adams County Probation Department, Law Enforcement Agencies, Adams County Prosecuting Attorney and/or the Courts of Adams County to release to: Belmont Middle School and Athletic Department regarding:

Student's Name (as printed above): _____ **Date of Birth:** ____ / ____ / ____

Address: _____ **City:** _____ **Zip:** _____

1. This information is for the purpose of continuity of goals between Student, Parents, Belmont Middle School, and the above listed Adams County agencies.
2. I authorize the above parties to exchange information verbally or in writing concerning probation and/or supervision rules or activities that may be in violation of the Belmont Middle School Athletic Code of Conduct.
3. I hold harmless: Belmont Middle School/North Adams Community Schools, the above listed Adams County agencies and other designees regarding the use of information authorized for release or exchange.
4. I understand that this form may be revoked by me at any time except to the extent that action has already been taken. I further understand that revocation of this form will result in the termination of participation in extra-curricular activities at Belmont Middle School. In the absence of revocation, this consent will expire upon the student's withdrawal from or graduation from Belmont Middle School.
5. A photocopy of this authorization is as authentic as the original Authorization of Release.

Parental and Student Acknowledgements:

1. I have read and understand the above and affirm that it was properly completed prior to my signature.
2. I have received, read, and understand the Belmont Middle School "Athletic and Extra-Curricular Guidelines" including specifically the Code of Conduct as spelled in the "Bellmont Middle School Student Handbook".

Signatures:

Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Parent/guardian Printed Name: _____

This Waiver, Authorization and Acknowledgement must be signed and on file in the Belmont Middle School Office prior to the student's participation in athletic and Extra-Curricular Activities; and it remains in effect throughout the student's career at Belmont Middle School unless revoked by parents or replaced by a subsequent signed and dated document.