

# 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 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:

- 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) 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 physician signature must be hand-written. No signature stamps will be accepted.
- ☐ The Physician 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).
- ☐ 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 seeing the physician. The physician should keep a copy of this form in the chart.)

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking the property of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking the property of the	lame					Date of birth				
Do you have any allergles?	ex	Age	Grade Sch	100l		Sport(s)				
Medicines   Pool   Stinging insects	Medicine	s and Allergies: F	Please list all of the prescription and over	-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking			
See Section				ntify spe	ecific al					
1. Has a dotor ever denied or restricted your participation in sports for any reason? 2. Do you have any ongoing medical conditions? If so, please identify below	xplain "Ye	s" answers below	. Circle questions you don't know the an	swers t	0.					
any reason?  2. Do you have may ongoing medical conditions? If so, please identify below. — Asthma — Anemia — Diabetes — Infections — Other.  3. Have you ever spent the night in the hospita?  4. Have you ever the discorder, and the surgery?  4. Have you ever the discorder, pain, lightness, or pressure in your chest discorder, pain, lightness, or pressure in your chest during exercise?  6. Have you ever the discorder, pain, lightness, or pressure in your chest during exercise?  7. Does your least ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, echocardiogram)  1. By as a doctor ever cordered at lest for your heart? For example, ECGEKG, echocardiogram — Ou by our gell pithheaded or feel more short of breath than expected during exercise?  2. Do you get more lived or short of breath man expected during exercise?  3. Have you ever had an unexplained declared collection or short of breath than expected during exercise?  4. Have you ever had an unexplained declared collection or short of breath than expected during exercise?  5. Have you ever had an unexplained declared problems or had an expected or short of breath more quickly than your friends during exercise?  6. Uses a your learn for the problems or had an expected or short of breath more quickly than your friends during exercise?  7. Do you gell more lived or short of breath more quickly than your friends during exercise?  8. Has a doctor ever thad an unexplained declared problems or had an expected or short of breath man expected or manuely than the expected during exercise?  9. Have you were that an unexplained a calcient, or sudden infant death syndrome)?  9. Have you were had an injury to a bone, muscle, ligament, or tendon that exercise problems problems and the problems or discoused problems and	GENERAL C	QUESTIONS		Yes	No	MEDICAL QUESTIONS	Yes			
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50. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  51. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  52. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  53. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  64. Have you ever had a stress fracture?  65. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  65. Have you ever had an eating disorder?  65. Lave you ever had a menstrual period?  65. Have you ever had a menstrual period?  65. How many periods have you had you first menstrual period?  65. Have you ever	syndrom	ne, short QT syndrom	e, Brugada syndrome, or catecholaminergic					-		
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52. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had a stress fracture?  1. Have you ever had a stress fracture?  1. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism)  2. Do you regularly use a brace, or foint injury that bothers you?			ave a neart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?		Г		
DNE AND JOINT QUESTIONS  Alave you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  Alave you ever had any broken or fractured bones or dislocated joints?  Alave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  Alave you ever had a stress fracture?  Alave you ever had a stress fracture?  Alave you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  Do you regularly use a brace, or findics, or other assistive device?  Do you have a bone, muscle, or joint injury that bothers you?			d unexplained fainting, unexplained			FEMALES ONLY				
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that caused you to miss a practice or a game?  3. Have you ever had any broken or fractured bones or dislocated joints?  3. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  3. Have you ever had a stress fracture?  4. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  5. Do you regularly use a brace, or libritics, or other assistive device?  5. Do you have a bone, muscle, or joint injury that bothers you?	COMMERCATOR BOTH	Control of the Contro	o a bana muada liagettt	Yes	No					
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Injections, therapy, a brace, a cast, or crutches?  D. Have you ever had a stress fracture?  I. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism)  D. Do you regularly use a brace, orthotics, or other assistive device?  B. Do you have a bone, muscle, or joint injury that bothers you?	B. Have you	u ever had any broke	n or fractured bones or dislocated joints?			EAPIAIN "YES" BUSWETS NETE				
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B. Do you have a bone, muscle, or joint injury that bothers you?	instabilit	y or atlantoaxial insta	ability? (Down syndrome or dwarfism)							
S UD ANY OF YOUR JOINES DECOME DAINFUL SWOILED TEEL WARM, OF JOOK RED?										
5. Do you have any history of juvenile arthritis or connective tissue disease?							- A-1-1-16-1			

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## ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

• Do you feel stressed out or under a lot of pressure?



\_ Date of birth \_

(The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year — IHSAA By-Law C 3-10)

<ul> <li>Do you ever feel sad, hope</li> <li>Do you feel safe at your h</li> <li>Have you ever tried cigare</li> <li>During the past 30 days, of</li> </ul>	ome or residentes, chewing did you use d	ence? g tobacco hewing to	snuff, or dip?						
<ul> <li>Do you drink alcohol or us</li> <li>Have you ever taken anab</li> <li>Have you ever taken any s</li> <li>Do you wear a seat belt, u</li> </ul>	olic steroids supplements ise a helmet	or used and to help you and use o	u gain or lose weight ondoms?	or improve your perform	mance	?			
2. Consider reviewing question  EXAMINATION	s on cardiov	ascular syi	nptoms (questions 5	-14).					
Height	*******************************	Weight		☐ Male		Female			
BP /	1 /	)	Pulse	Vision	-		L 20/	Corrected	
MEDICAL						NORMAL		ABNORMAL FIN	A 3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Appearance  Marfan stigmata (kyphoscol arm span > height, hyperla:				n, arachnodactyly,					
Eyes/ears/nose/throat Pupils equal Hearing									
Lymph nodes									
Heart a     Murmurs (auscultation stan     Location of point of maxima			va)			~			
Pulses  • Simultaneous femoral and r	adial pulses								
Lungs Abdomen					-				
Genitourinary (males only) <sup>b</sup>					+				
Skin									
<ul> <li>HSV, lesions suggestive of M</li> </ul>	ARSA, tinea	corporis							
Neurologic <sup>c</sup>									
MUSCULOSKELETAL									
Neck					-				
Back Shoulder/arm					-		_		
Elbow/forearm					-				
Wrist/hand/fingers					1				
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
Functional									
Duck-walk, single leg hop     Consider ECG, echocardiogram, and				or exam,					
*Consider GU exam if in private settin *Consider cognitive evaluation or base				ant concussion.					
<ul> <li>Cleared for all sports withou</li> </ul>	t restriction								
☐ Cleared for all sports withou	t restriction	with recon	mendations for furth	er evaluation or treatm	ent for				
□ Not cleared									
Pending further	er evaluation								
☐ For any sports									
Anna Anna Anna Anna Anna Anna Anna									
Reason									
Recommendations									
I have examined the above-na participate in the sport(s) as o tions arise after the athlete ha explained to the athlete (and	outlined abo as been clea parents/gua	ive. A cop ired for pa irdians).	y of the physical ex articipation, the phy	am is on record in my sician may rescind the	office e clea	and can be ma	ide available to t problem is resolu	he school at the request yed and the potential co	of the parents. If condi- nsequences are completely
the following school year – IHSA. Name of physician (print/type) _									Date
Address								Phone	
Signature of physician (MD or	DO)							License #	
orginatore or priyatelan TiviD or	501				OCTOBALIS.			LICETISE #	

## PREPARTICIPATION PHYSICAL EVALUATION

## **CONSENT & RELEASE CERTIFICATE**



#### I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. 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.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. 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.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. 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) Student Signature: (X) Printed: II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE A. 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. B. Undersigned understands that participation may necessitate an early dismissal from classes. C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student. D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, 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. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among E. 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 football insurance through school. ☐ The student has adequate family insurance coverage. 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: (X)

#### **CONSENT & RELEASE CERTIFICATE**

Indiana High School Athletic Association, Inc. 9150 North Meridian St., P.O. Box 40650 Indianapolis, IN 46240-0650

Date: \_\_\_\_

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

Printed:

Printed:

Parent/Guardian Signture: $\underline{(X)}$