## ■ PREPARTICIPATION PHYSICAL EVALUATION

## **HISTORY FORM**



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

lame						Date of birth				
ex				ool Sport(s)						
Medicines and	l Allergies: F	lease list all of the prescrip	ion and over	-the-co	unter 17	nedicines and supplements (herbal and nutritional) that you are currently	taking	_		
Do you have an	y allergies?	☐ Yes ☐ No If ye		ntify sp	ecific al	llergy below.  □ Food □ Stinging Insects		_		
xplain "Yes" an	swers below.	Circle questions you don't	know the an	swers t	0.					
GENERAL QUEST	IONS		120	Yes	No	MEDICAL QUESTIONS	Yes	1		
Has a doctor of any reason?	ever denied or	restricted your participation in s	ports for			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
Do you have any ongoing medical conditions? If so, please identify below:     Asthma					27. Have you ever used an Inhaler or taken asthma medicine? 28. Is there anyone in your family who has asthma?		F			
					29. Were you born without or are you missing a kidney, an eye, a testicle		r			
		nt in the hospital?				(males), your spleen, or any other organ?		L		
4. Have you ever						30. Do you have groin pain or a painful bulge or hernla in the groin area?		┞		
HEART HEALTH O				Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		⊢		
5. Have you ever AFTER exercis		nearly passed out DURING or				32. Do you have any rashes, pressure sores, or other skin problems?  33. Have you had a heroes or MRSA skin infection?	-	-		
6. Have you ever	had discomfor	1, paln, tightness, or pressure in	уонг			34. Have you ever had a head injury or concussion?		H		
chest during e						35. Have you ever had a hit or blow to the head that caused confusion,	_			
		sklp beats (irregular beats) duri				prolonged headache, or memory problems?				
<ol> <li>Has a doctor e check all that</li> </ol>		at you have any heart problems	? If so,			36. Do you have a history of selzure disorder?				
☐ High blood		☐ A heart murmur				37, Do you have headaches with exercise?		L		
☐ High chok ☐ Kawasaki		A heart Infection Other:			- 22	38. Have you ever had numbness, lingling, or weakness in your arms or legs after being hit or falling?				
<ol> <li>Has a doctor e echocardiogra</li> </ol>		est for your heart? (For example	e, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit or falling?				
		el more short of breath than exp	ecled			40. Have you ever become ill while exercising in the heat?		-		
during exercis		alond coluuro?		-	_	41. Do you get frequent muscle cramps when exercising?		-		
11. Have you ever had an unexplained selzure?			ur friande		_	42. Do you or someone in your family have sickle cell traft or disease?		$\vdash$		
12. Do you get more tired or short of breath more quickly than your friends during exercise?					43. Have you had any problems with your eyes or vision?  44. Have you had any eye injuries?		H			
EART HEALTH Q	UESTIONS AB	OUT YOUR FAMILY		Yes	No	45. Do you wear glasses or contact lenses?		-		
	any family member or relative died of heart problems or had an					46. Do you wear protective eyewear, such as goggles or a face shield?				
	xpected or unexplained sudden death before age 50 (includin wning, unexplained car accident, or sudden infant death syndi					47. Do you worry about your weight?				
4. Does anyone li	s anyone in your family have hypertrophic cardiomyopathy, Marfan frome, arrhythmogenic right ventricular cardiomyopathy, long QT		ry, Marfan			48, Are you trying to or has anyone recommended that you gain or lose weight?				
syndrome, sho	drome, short OT syndrome, Brugada syndrome, or catecholaminergic ymorphic ventricular tachycardia? ss anyone in your family have a heart problem, pacemaker, or					49. Are you on a special diet or do you avoid certain types of foods?		Г		
						50. Have you ever had an eating disorder?		Г		
implanted defil		ave a neart problem, pacemake	r, or			51. Do you have any concerns that you would like to discuss with a doctor?				
. Has anyone in	your family had	d unexplained fainting, unexplai	ned			FEMALES ONLY		10		
seizures, or ne						52. Have you ever had a menstrual period?		L		
ONE AND JOINT	-			Yes	No	53. How old were you when you had your first menstrual period?		_		
		o a bone, muscle, ligament, or t clice or a game?	endon			54. How many periods have you had in the last 12 months?		_		
		or fractured bones or dislocate	ed Joints?			Explain "yes" answers here				
		hat required x-rays, MRI, CT sca cast, or crutches?	ın,					_		
). Have you ever	had a stress fra	acture?						_		
		you have or have you had an x- bility? (Down syndrome or dwa						_		
2. Do you regular	y use a brace,	orthotics, or other assistive dev	ice?					_		
		or joint Injury that bothers you?						_		
		painful, swollen, feel warm, or l				*		_		
i. Do you have an	y history of juv	renite arthritis or connective tiss	ue disease?					-		

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Society for Sports Medicine, and American Ostcopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement. This form has been modi ed by the Indiana High School Athletic Association, Inc. (IHSAA).

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name

**PHYSICIAN REMINDERS** 



Date of birth

(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

But you for the safe at your home or residence?  But you go were tried disparted, schewing tobacco, surft, or dip?  Do you dink abothor use any other drugs?  Have you ever taken anabolic steroids or used any other performance supplement?  Have you ever taken anabolic steroids or used any other performance supplement?  Do you were a sea bett, use a helmet, and use condoms?  Consider reviewing questions an cardiovascular symptoms (questions 5-14).    EXAMINATION	
New you ever taken any supplements to help you gain or loss weight or improve your performance?  O you were a seat bett, use a hefmle, and use condoms?  Consider reviewing questions on cardiovascular symptoms (questions 5–14).    EXAMINATION	_=1
Po you wear a seat bett. use a helmet, and use condoms? 2. Consider revelwing questions on cardiovascular symptoms (questions 5-14).    EXAMINATION	
ExAMINATION   Height   Weight   Male   Female	
Height   Weight   Pulse   Vision R 20/	
BP / ( / ) Pulse Vision R 20/ L 20/ Corrected  Y N NORMAL ABNORMAL FINDINGS  MEDICAL NORMAL ABNORMAL FINDINGS  ABNORMAL FINDINGS  ABNORMAL FINDINGS  ABNORMAL FINDINGS  ABNORMAL FINDINGS  Publis equal Perse face Xnose Phroat Publis equal Plasting Lymph nodes Heart* Location of point of maximal impulse (PMI) Publes Simultaneous (emoral and radial pulses Lungs Abdomen Gentitourinary (males only)* Skin HSV, lesions suggestive of MRSA, tinea corporis Meurologic* MusculoskeLETAL Neck Back Shoulder/arm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elpow/forearm Elpow	7.325
MEDICAL Appearance Marian stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span -> height, hypertaxtly, myopla, MVP, sortic insufficiency) Eyes/ears/nose/htroat -> Pupils equal -> Hearing Lymph nodes Heari* -> Murmurs (auscultation standing, supine, +/- Valasiva) -> Location of point of maximal impulse (PMI) Pulses -> Simultaneous femoral and radial pulses Lungs Abdomen Gentiourinary (males only) Skin -> Itsy, lesions suggestive of MRSA, tinea corporis Neurologic MuscultoSKELETAL Neck Shoulder/arm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elbow/forearm Elpow/forearm Elpow/fore	
Appearance  Marian sligmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > helight, hyperfaxity, myopia, MVP, sortic insufficiency)  Eyes/ears/nose/throat  Pupils equal  Pupils equal  Heari*  Murmurs (auscultation standing, supine, +/- Valsalva)  Location of point of maximal impulse (PMi)  Pulses  Simultaneous femoral and radial pulses  Lungs  Abdomen  Genitourinary (males only)*  Skin  HSV, lesions suggestive of MRSA, tinea corporis  Neurologic*  MUSCULOSKELETAL  Neck  Back  Shoulder/arm  Elbow/forearm  Wirst/hand/fingers  Hip/thigh  Knee  Leg/ankle  Foot/toes  Functional  Duck-walk, single leg hop  *Consider ECG, echocardogram, and referral to cardiology for abnormal cardiac history or exam.	
Marfan stigmata (kryphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperfaxlty, myopla, MVP, aortic insufficiency)   Eyes/ears/nose/throat	
Pupply equal Hearing Hearing Hearing Hearing  Lymph nodes Heari Murmurs (auscultation standing, supine, +/- Valsatva) Location of point of maximal impulse (PMI)  Pulses Simultaneous (emoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic  MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wirsthand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hpp  *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Lymph nodes Hean*  Murmurs (auscultation standing, supline, +/- Valsalva)  Location of point of maximal impulse (PMI)  Pulses  Simultaneous femoral and radial pulses  Lungs Abdomen  Genitourinary (males only) <sup>b</sup> Skin  HSV, lesions suggestive of MRSA, tinea corporis  Neurologic f  MUSCULOSKELETAL  Neck  Back Shoulder/arm Elbow/forearm  Wrist/hand/fingers Hip/thligh Knee  Leg/ankle Foot/toes Functional  Duck-walk, single leg hop  *Consider ECG, echocardogram, and referral to cardiology for abnormal cardiac history or exam.	
Murmurs (auscultation standing, suplne, +/- Valsativa) Location of point of maximal impulse (PMI) Pulses Simultaneous (emoral and radial pulses  Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic Musculoskeletal Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/loes Functional Foot/loes Functional Duck-walk, single leg hop  Consider (ECC, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Pulses Simultaneous femoral and radial pulses  Lungs Abdomen Genitourinary (males only) <sup>b</sup> Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thligh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop  *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Abdomen Genitourinary (males only) <sup>b</sup> SkIn  • HSV, Issions suggestive of MRSA, tinea corporis  Neurologic   MUSCULOSKELETAL  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 cardiology for abnormal cardiac history or exam.	
Genitourinary (males only) <sup>b</sup> SkIn  HSV, lesions suggestive of MRSA, tinea corporis  Neurologic  MUSCULOSKELETAL  Neck Back Shoulder/arm Elbow/forearm Wrist/nand/fingers Hip/thigh Knee Leg/ankle Foot/foes Frunctional  Duck-walk, single leg hop  *Consider ECG, echocardiogram, and reterral to cardiology for abnormal cardiac history or exam.	
SkIn  HSV, lesions suggestive of MRSA, tinea corporis  Neurologic  MUSCULOSKELETAL  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 cardiology for abnormal cardiac history or exam,	
HSV, lesions suggestive of MRSA, tinea corporis  Neurologic *  MUSCULOSKELETAL  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 cardiology for abnormal cardiac history or exam.	
MUSCULOSKELETAL  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 cardiology for abnormal cardiac history or exam,	¥
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 cardiology for abnormal cardiac history or exam.	
Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thligh Knee Leg/ankle Foot/foes Functional • Duck-walk, single leg hop  *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	1 - 5
Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thligh Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop  *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Elbow/forearm  Wrist/hand/fingers  Hip/thligh  Knee  Leg/ankle Foot/foes Functional • Duck-walk, single leg hop  *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Wrist/hand/fingers Hip/thligh Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop  Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Leg/ankle Foot/foes Functional Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Foot/foes  Functional  Duck-walk, single leg hop  Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
Functional  Duck-walk, single leg hop  Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	
*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 willhout 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	
I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to p 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 into a site of the athlete has been cleared for participation, the physical many resulted the clearance until the problem is resolved and the potential consequences are explained to the athlete (and parents/guardians). (The physical examination mass be performed on or after April 1 by a physician holding an unlimited license to practice medicine, or practice medicine, or practice medicine, or practice medicine.	. If condi-
Name of physician (print/type) (MD, DO, NP, or PA)  Date	
Address Phone	a nurse
Signature of physician (MD, DO, NP, or PA) License #	a nurse

## 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:

- 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.
- 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 <u>www.ihsaa.org</u>

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

### REPARTICIPATION 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.

	Date:	Student Signature: (X)											
	Printed:												
II. P	ARENT/GUARDIAN/E	EMANCIPATED STUDENT CONSENT, ACK	NOWL	EDGMENT AND RELEASE CERTIFICATE									
B. C. D. E. F. G.	<ul> <li>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. E. 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</li></ul>												
	☐ The student has	s adequate family insurance coverage.		The student does not have insurance.									
(te	I HAVE READ THIS C	AREFULLY AND KNOW IT CONTAINS A RELEA	ASE PRO	vision.  The consequence of the second state o									
	Date:	Parent/Guardian/Emancipated	l Stude	nt Signature: (X)									
	Date:	Pare	nt/Gua	Printed:rdian Signture:_(X)									
				Printed:									

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.

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

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

FORM D - 7/11

DLC: 6/24/2016

g:/printing/forms/schools/1617physicalform.indd