



## 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's 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's 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).**

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

Please fill in completely:

Student Name: \_\_\_\_\_ Grade in 2021-2022 School Year: \_\_\_\_\_

School Attended during the 2020-21 School Year: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ (Cell if possible)

Father's preferred email address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ (Cell if possible)

Mother's preferred email address: \_\_\_\_\_

PLEASE NOTE: THE PHYSICAL FOR THE 2021-22 SCHOOL YEAR CAN NOT BE PERFORMED UNTIL **AFTER APRIL 1, 2021!!**

# PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

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  $\geq 3$  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	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
HEART HEALTH QUESTIONS ABOUT YOU	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)?		
4. Have you ever passed out or nearly passed out during or after exercise?			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)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
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.					

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.**

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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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# 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 \_\_\_\_\_ IHSAA Member School \_\_\_\_\_

## 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, 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?



### 2. 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)									
• Location of point of maximal impulse (PMI)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only)									
Skin									
• MSV, 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					• Duck-walk, single leg hop				
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)



## 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.
  - ... 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](http://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)*

# 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)**

Date: \_\_\_\_\_ 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.
- 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 manners, for any lawful purposes.
- G. Please check the **appropriate space:**
  - The student has school student accident insurance.
  - The student has adequate family insurance coverage.
  - The student has football insurance through school.
  - 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) \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

### CONSENT & RELEASE CERTIFICATE

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**

# 2021-22 GOSHEN PHYSICIANS HIPAA RELEASE FORM FOR:

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Use and Disclosure of Protected Health Information  
to Persons Involved in the Students Care

Goshen Physicians  
2004 Elkhart Road, Suite A  
Goshen, IN 46526

FILL IN ONE OF THESE BOXES

\*(*consent for student athletes* **UNDER 18 YEARS OF AGE**)

I \_\_\_\_\_ as the Parent, Guardian or Legal Representative of  
(print parent/guardian name)

\_\_\_\_\_ (print name of student)

Student-Athlete Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

\*(*consent for student athletes* **18 YEARS OLD OR OLDER**)

I \_\_\_\_\_ a student athlete participating in the school sports program

(Student-Athlete 18 or older print your name)

understand that I have the right to agree, restrict or object to the disclosure of Protected Health Information (PHI) by the Athletic Trainer to members of the school athletic department. This includes but is not limited to the Athletic Director, Coach and members of the coaching staff. I understand the information disclosed by this authorization may be subject of re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

By my signature, I give the Athletic Trainer permission to disclose PHI to members of the school's athletic department. I understand that the information disclosed will be limited to the injury/illness affecting athletic participation. I understand that I can revoke this permission to disclose at any time by submitting such request to the Athletic Trainer in writing. The revocation of permission will apply from the date of receipt and is not retroactive.

This permission is in effect for the athletic period: **June 1, 2021 through June 30, 2022**

(*COMPLETE* **ONLY For Student-Athletes 18 years and older**)

I agree to permit the Athletic Trainer to share the above granted information with my parents and/or individual(s) I so designate Yes\_\_\_ No\_\_\_ Initials:\_\_\_\_\_ ONLY FILL IN FOR STUDENT-ATHLETES 18 OR OLDER

**Additional individuals who may receive PHI:**

Parent Signature: \_\_\_\_\_ (Student-Athlete should sign only if 18 or older)

Date: \_\_\_\_\_

Authority to sign if not parent: \_\_\_\_\_  
(Guardian or Legal Representative)