

Physical **MUST** be performed after April 1st for the 2023-2024 school year.

# PREPARTICIPATION PHYSICAL

4th Edition, American Academy of Pediatrics

## 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): \_\_\_\_\_ 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
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.**

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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. Valid April 1, 2023-May 31, 2024

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)										
• 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										
	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)

■ PREPARTICIPATION PHYSICAL EVALUATION  
**CONSENT & RELEASE CERTIFICATE**



**I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE**

- A. I have read the IHSAA Eligibility Rules (next page or on the 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, illness and even death, is a possible result of 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, illness 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 participation in the following interschool sports **not marked out:**  
**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming & Diving, Tennis, Track & Field, Volleyball, Wrestling.  
**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Wrestling.  
**Unified Sports:** Unified Flag Football, Unified Track & Field
- 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, illness and even death, is a possible result of 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 adequate family insurance coverage.  The student does not have insurance
- The student has football insurance through school.

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) \_\_\_\_\_

\*\*\*BOTH parents MUST sign unless divorced, widowed or separated, then only custodial parent/guardian signs. 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