

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. Complete the History Form (pages 1 & 2) portion PRIOR to your appointment with your healthcare provider.
2. Sign the bottom of the History Form (page 2).
3. Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
5. Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
6. Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

The PPE form becomes part of the student's record at their school and should not be sent to the KSHSAA.

SCHOOL ADMINISTRATORS

1. Collect the completed PPE forms with the appropriate signatures on pages 2 – 5.
2. Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
3. Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
4. Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.





PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and parent/guardian prior to the physical examination)

Name, Sex, Age, Date of birth, Grade, School, Sport(s), Home Address, Phone, Personal physician, Parent Email

List past and current medical conditions, Have you ever had surgery?, Medicines and Allergies section with checkboxes for Yes/No and various allergen types.

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

Table with 3 columns: Question, YES, NO. Sections include GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, and BONE AND JOINT QUESTIONS.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:					YES	NO		
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?					<input type="checkbox"/>	<input type="checkbox"/>		
23. Have you ever used an inhaler or taken asthma medicine?					<input type="checkbox"/>	<input type="checkbox"/>		
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?					<input type="checkbox"/>	<input type="checkbox"/>		
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?					<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you had infectious mononucleosis (mono)?					<input type="checkbox"/>	<input type="checkbox"/>		
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?					<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? If yes, how many? What is the longest time it took for full recovery? When were you last released?					<input type="checkbox"/>	<input type="checkbox"/>		
29. Do you have headaches with exercise?					<input type="checkbox"/>	<input type="checkbox"/>		
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?					<input type="checkbox"/>	<input type="checkbox"/>		
31. Have you ever become ill while exercising in the heat?					<input type="checkbox"/>	<input type="checkbox"/>		
32. Do you get frequent muscle cramps when exercising?					<input type="checkbox"/>	<input type="checkbox"/>		
33. Do you or does someone in your family have sickle cell trait or disease?					<input type="checkbox"/>	<input type="checkbox"/>		
34. Have you ever had or do you have any problems with your eyes or vision?					<input type="checkbox"/>	<input type="checkbox"/>		
35. Do you wear protective eyewear, such as goggles or a face shield?					<input type="checkbox"/>	<input type="checkbox"/>		
36. Do you worry about your weight?					<input type="checkbox"/>	<input type="checkbox"/>		
37. Are you trying to or has anyone recommended that you gain or lose weight?					<input type="checkbox"/>	<input type="checkbox"/>		
38. Are you on a special diet or do you avoid certain types of foods or food groups?					<input type="checkbox"/>	<input type="checkbox"/>		
39. Have you ever had an eating disorder?					<input type="checkbox"/>	<input type="checkbox"/>		
40. How do you currently identify your gender? <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____								
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)					NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge					0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Not being able to stop or control worrying					0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Little interest or pleasure in doing things					0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Feeling down, depressed, or hopeless					0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<i>(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)</i>								
FEMALES ONLY:					YES	NO		
42. Have you ever had a menstrual period?					<input type="checkbox"/>	<input type="checkbox"/>		
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?					<input type="checkbox"/>	<input type="checkbox"/>		
44. How old were you when you had your first menstrual period?								
45. When was your most recent menstrual period?								
46. How many menstrual periods have you had in the past 12 months?								

Explain all Yes answers here from the previous two pages.

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

X Signature of student-athlete _____ Signature of parent/guardian _____ Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____	Date of birth _____
Date of recent immunizations:	Td _____ Tdap _____ Hep B _____ Varicella _____ HPV _____ Meningococcal _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you drink alcohol or use any other drugs?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Have you ever taken anabolic steroids or used any other performance enhancing supplement?
 - Do you feel safe at your home or residence?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - Do you wear a seat belt, use a helmet and adhere to safe sex practices?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).
3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / (/) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes/ears/nose/throat - Pupils equal, Gross Hearing			
Lymph nodes			
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)			
Pulses - Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis			
Neurological***			
Genitourinary (optional-males only)**			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test			

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.
 Name of healthcare provider (print/type) _____ Date _____

X Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

Medically eligible for certain sports _____

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

X **Signature of healthcare provider:** _____, MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

X **Signature of parent/guardian** _____ **Date** _____

Parent/guardian phone: _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at www.kshsaa.org.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the attached evaluation and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in outside competition in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any fraternity or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in training sessions or tryouts held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than four seasons in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a negative response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on all transfer students.)

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Did you attend this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.) |
| | <input type="checkbox"/> | <input type="checkbox"/> | a. Do you reside with your parents? |
| | <input type="checkbox"/> | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center? |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

X Signature of parent/guardian _____ Date _____
 X Signature of student _____ Birth Date _____ Grade _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.



Ark City Christian Academy

P.O. Box 1181 138 E. Kansas Ave Arkansas City, KS 67005 620-442-0022

email: schooloffice@accaschool.org website: www.accaschool.org

Emergency Medical Form

I/we give permission for my child to participate in all school sponsored activities and absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I/we agree to hold harmless Ark City Christian Academy, Inc., its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. If transportation by ambulance is required, the school may obtain this service. The school does not assume responsibility for the payment of hospital, doctor, or ambulance fees.

I/we the undersigned parent/guardian of the above mentioned minor, authorize and consent to any X-ray examination, anesthetic, medical dental or surgical diagnosis or treatment, and hospital services which, in the best judgment of a licensed physician or dentist licensed by the state, is deemed advisable that may be rendered to said minor under the general, specific, or special consent of an acting agent of the school, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of any physician or dentist, or at a hospital licensed by the state. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons having temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Student Name _____ Birthdate ____ / ____ / ____ Grade _____

Parent/Legal Guardian names _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Father cell _____ Mother cell _____

Emergency contact information

Name _____ Relationship _____ Phone _____ Cell _____

Student's Physician _____ Phone _____

Preferred hospital _____ Date of last tetanus shot _____

Student's Dentist _____ Phone _____

Health Insurance Carrier _____ Policy # _____

Under the name of _____ Relationship _____

Allergies (including reactions to medications) _____

Medication being taken _____

Father/Guardian's Signature and Date
Name Printed: _____

Mother/Guardian's Signature and Date
Name Printed: _____

(If the child lives with both parents, the release must be signed by both parent/guardians.)

Revised March 1, 2022

**Covenant for Athletes
Ark City Christian Academy**

By God's grace and power, I will:

1. Demonstrate a personal life of growing discipleship to Jesus Christ as Savior and Lord.
2. Demonstrate good sportsmanship as a player and spectator to my teammates, coaches, parents, opponents and referees.
3. Devote sufficient time and effort to my training and athletic instruction
4. Report and be accountable to my coach as my overseer.
5. Pray regularly for my teammates and coaches.
6. Participate in all practices, training sessions and scheduled games unless otherwise excused by coach and parent.
7. Arrive at my practice site before it begins to ensure I am ready to play.
8. Stay on site at practices unless specific authorization from the coach or parental permission is obtained.
9. Notify the coach in a timely manner when I am unable to be present at a practice or game.
10. Take good care of the sport equipment and facilities.
11. Demonstrate respect for all coaches and administration.
12. Exemplify leadership, teamwork, sportsmanship, Christ-like attitude and be a role model to the other players if I am chosen team captain.

I agree and commit to follow the covenants for Ark City Christian Academy athletics.

Date

Participant Signature

Date

Parent/Guardian Signature