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 medicine, a nurse practitioner (NP) or a physician assistant (PA). 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 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) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) 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 two (2).
   - 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 examination. The examiner should keep a copy of this form in the chart.)

Date of Exam: ________________

Name: ________________________ Date of birth: ________________

Sex: _______ Age _______ Grade _______ School _______ Sport(s) _______

<table>
<thead>
<tr>
<th>Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any allergies?</td>
</tr>
<tr>
<td>☐ Medicines</td>
</tr>
</tbody>
</table>

Do you have any: 

- High blood pressure 
- High cholesterol 
- A heart murmur 
- A heart infection 
- Kawasaki disease 
- Other: _______ |

**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
</tr>
<tr>
<td>Has your doctor or any other health care provider ever given you any medications that may be harmful if you do exercise?</td>
<td></td>
</tr>
<tr>
<td>Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>Does your heart ever race or skip beats (irregular beats) during exercise?</td>
<td></td>
</tr>
<tr>
<td>Has a doctor ever told you that you have any heart problems? If so, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>☐ High blood pressure</td>
<td>☐ A heart murmur</td>
</tr>
<tr>
<td>☐ High cholesterol</td>
<td>☐ A heart infection</td>
</tr>
<tr>
<td>☐ Kawasaki disease</td>
<td>☐ Other: _______</td>
</tr>
<tr>
<td>Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)</td>
<td></td>
</tr>
<tr>
<td>Do you have any other heart problems?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had an unexplained seizure?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had more tired or short of breath more quickly than your friends during exercise?</td>
<td></td>
</tr>
</tbody>
</table>

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
<td></td>
</tr>
<tr>
<td>Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
<td></td>
</tr>
<tr>
<td>Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
</tr>
<tr>
<td>Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
</tr>
</tbody>
</table>

**BONE AND JOINT QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had a stress fracture?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)</td>
<td></td>
</tr>
<tr>
<td>Do you regularly use a brace, orthotics, or other assistive devices?</td>
<td></td>
</tr>
<tr>
<td>Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
</tr>
<tr>
<td>Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
</tr>
<tr>
<td>Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
</tr>
</tbody>
</table>

**EXPLAIN “YES” ANSWERS BELOW. CIRCLE QUESTIONS YOU DON’T KNOW THE ANSWERS TO.**

**MEDICAL QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an allergic reaction to an asthma medicine?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had a head injury or concussion?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?</td>
<td></td>
</tr>
<tr>
<td>Do you have a history of seizure disorder?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>Have you ever become ill while exercising in the heat?</td>
<td></td>
</tr>
<tr>
<td>Do you get frequent muscle cramps when exercising?</td>
<td></td>
</tr>
<tr>
<td>Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
</tr>
<tr>
<td>Have you had any problems with your eyes or vision?</td>
<td></td>
</tr>
<tr>
<td>Have you had any eye injuries?</td>
<td></td>
</tr>
<tr>
<td>Do you wear glasses or contact lenses?</td>
<td></td>
</tr>
<tr>
<td>Do you wear protective eyewear, such as goggles or a face shield?</td>
<td></td>
</tr>
<tr>
<td>Do you worry about your weight?</td>
<td></td>
</tr>
<tr>
<td>Are you trying to or have anyone recommended that you gain or lose weight?</td>
<td></td>
</tr>
<tr>
<td>Are you on a special diet or do you avoid certain types of foods?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
</tr>
</tbody>
</table>

**FEMALES ONLY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had a menstrual period?</td>
<td></td>
</tr>
<tr>
<td>How old were you when you had your first menstrual period?</td>
<td></td>
</tr>
<tr>
<td>How many periods have you had in the last 12 months?</td>
<td></td>
</tr>
</tbody>
</table>

Explain “yes” answers here

---

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

Signature of athlete: ______________________ Signature of parent/guardian: ______________________ Date: ________________

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**Preparticipation Physical Evaluation**

**PHYSICAL EXAMINATION FORM**

*(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*

Name ____________________________ Date of birth ____________

### 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 past 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 used any other 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 contraceptives?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>□ Male</th>
<th>□ Female</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>□ Y</th>
<th>□ N</th>
</tr>
</thead>
<tbody>
<tr>
<td>(in)</td>
<td>(lb)</td>
<td></td>
<td></td>
<td>(bpm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL

- **Appearance**
  - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperplastic, myopia, MVP, aortic insufficiency)

- **Eyes/ear/nose/throat**
  - Pupils equal
  - Hearing

- **Lymph nodes**

- **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, linea corporis

- **Neurologic**

### MUSCULOSKELETAL

- **Neck**

- **Back**

- **Shoulder/arm**

- **Elbow/forearm**

- **Wrist/hand/fingers**

- **Hip/thigh**

- **Knee**

- **Leg/ankle**

- **Foot/toes**

- **Function**
  - Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider OU exam if in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if history of significant concussion.

☐ 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

☐ For certain sports ____________________________

Reason ____________________________

Recommendaitions ____________________________

---

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). *(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*

Name of physician (gender) (MD, DO, NP, or PA) ____________________________ Date ____________

Address ____________________________ Phone ____________________________

Signature of physician (MD, DO, NP, or PA) ____________________________ License # ____________________________

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(2 of 4)
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.
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.
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
Please contact your school officials for further information and before participating outside your school.
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:


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 and any 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)

Printed: __________________________________________________________________________

Date: _______________ Parent/Guardian Signature: (X)

Printed: __________________________________________________________________________