

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

SCHOOL: _____

HISTORY

Date: _____

Name: _____

Phone: () _____

Address: _____

City: _____

Zip: _____

Sex: _____

Age: _____

Date of Birth: _____

Grade: _____

Personal Physician: _____

Phone: () _____

Previous school attended and dates: _____

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicines, bees, or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had Marfan's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rashes, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had heat cramps, heat illness, or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have trouble breathing or do you cough during or after the activity?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you use any special equipment (pads, braces, neck rolls, eye guards etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you missing an eye, kidney, or testicle?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?		
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Foot		
<input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand		
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. When was your last tetanus shot? _____		
16. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		

Explain "Yes" answers:

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

Date: _____ Signature of athlete: _____

Date: _____ Signature of parent/guardian: _____

PHYSICAL EXAMINATION

Date: _____

Name: _____

Age: _____

Date of Birth: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____

Vision: R 20/____ L 20/____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal (3)	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not Cleared

Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**

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

Name of Physician: _____ Date: _____

Address: _____

Phone: (_____) _____

Signature of Physician: _____

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)

I. STUDENT ACKNOWLEDGEMENT AND RELEASE (to be signed by student)

I have read the attached (condensed) IHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the IHSAA and to abide by their decisions. 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.

I HAVE READ THIS CAREFULLY.

Date: _____ Student Signature: _____

Printed: _____

**II. PARENT CONSENT, ACKNOWLEDGEMENT, AND RELEASE FORM
(to be completed by all parents/guardians where divorce or separation, parent with legal custody must sign)**

- A. I/we hereby give consent for my son/daughter 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. I/we understand that participation may necessitate an early dismissal from classes.
- C. I/we consent to the disclosure, by my son's/daughter's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter.
- D. I/we know of and acknowledge that my son/daughter 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 his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my school, the schools involved and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the IHSAA because of any accident or mishap involving the athletic participation of my son/daughter.
- E. Please check the **appropriate space:**
 He/she has school student accident insurance Had football insurance through school
 Has adequate family insurance coverage

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Parent/Guardian Signature: _____

Printed: _____

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association
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**

(To Be Detached and Retained by Student or Parent)
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 the 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 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 CSJET 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 May 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 summary of the rules. Contact your school officials for further information and before participating outside of your school.