

Instructions for Completing the NCHSAA Student-Athlete Preparticipation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must have a completed NCHSAA PPE and submit it to the school. The PPE is four (4) pages in length and includes the **History Form**, the **Physical Examination Form**, and the **Medical Eligibility Form**.

The PPE **History Form** (pages 1-2) is completed and signed by the parent or legal custodian on behalf of the student-athlete. The completed and signed PPE History Form must then be presented to the examining Licensed Medical Professional (LMP) (physician licensed to practice medicine (MD/DO), nurse practitioner or physician assistant) for review when they fill out the Physical Examination Form.

The completed PPE **Physical Examination Form** (page 3) is <u>signed</u> and <u>dated</u> by the LMP who performed the examination. The physical examination builds on information obtained in the medical history.

The PPE **Medical Eligibility Form** (page 4), which is also <u>signed</u> and <u>dated</u> by the LMP, indicates the student-athlete is either medically eligible or not medically eligible for sports participation.



PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents Name:			(1.1				
	Sport	Date of birth: Sport(s):					
Sex: M/F	open,	31.					
List past and current medical conditions.							
Have you ever had surgery? If yes, list all past surgic	al procedures						
Medicines and supplements: List all current prescrip	tions, over-the-c	counter medicines, an	nd supplements (herbal	and nutritional).			
Do you have any allergies? If yes, please list all you	r allergies (ie, n	nedicines, pollens, fo	od, stinging insects).				
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bo	thered by any c	of the following probl	ems? (check box next to) appropriate number			
Feeling nervous, anxious, or on edge Not being able to stop or control worrying Little interest or pleasure in doing things Feeling down, depressed, or hopeless (A sum of ≥3 is considered positive on either s	Not at all 0 0 0 0 0	Several days 1 1 1 1 1 1	Over half the days 2 2 2 2 2 2	Nearly every day 3 3 3 73			
GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer. 1. Do you have any concerns that you would like to discuss with your provider?	Yes No	9. Do you get ligh	STIONS AROUT YOU nt-headed or feel shorter of ds during exercise?	Yes Na			
2. Has a provider ever denied or restricted your participation in sports for any reason? []		10. Have you ever					
4. Have you ever passed out or nearly passed out	fes No	11. Has any family problems or ho sudden death k	ETIONS ABOUT YOUR F member or relative died ad an unexpected or unex pefore age 35 years (inclunexplained car crash)?	of heart			
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?		problem such a (HCM), Marfar ventricular cara	n your family have a general hypertrophic cardiomy n syndrome, arrhythmoge diomyopathy (ARVC), lon	ropathy enic right ng QT			
7. Has a doctor ever told you that you have any heart problems?		Brugada syndr	FS), short QT syndrome (S rome, or catecholaminerg cular tachycardia (CPVT)?	ic poly-			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography			your family had a pacen defibrillator before age 35				

BONE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	No
14. Have you ever had a stress fracture or an injury			25. Do you worry about your weight?	AND ARTHURAN	
to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		H
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	No
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period? 30. How old were you when you had your first		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			menstrual period? 31. When was your most recent menstrual period?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			32. How many periods have you had in the past 12 months? Explain "Yes" answers here.		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
21. Have you ever had numbness, had tingling, had 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 prob- lems with your eyes or vision?					
I hereby state that, to the best of my kno and correct. Signature of athlete:	wledg	je, my	answers to the questions on this form are co	mple	ete
Signature of parent or guardian:					
Date:					
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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Signature of health care professional: _

Name:	Date of birth:						
PHYSICIAN REMINDERS							
 Consider additional questions on more Do you feel stressed out or under a Do you ever feel sad, hopeless, de Do you feel safe at your home or re Have you ever tried cigarettes, e-ci During the past 30 days, did you u Do you drink alcohol or use any ot Have you ever taken anabolic sterce Have you ever taken any suppleme Do you wear a seat belt, use a helr 	a lot of pressure? pressed, or anxious? residence? igarettes, chewing tobacco, snuff, or dip? use chewing tobacco, snuff, or dip? ther drugs? pids or used any other performance-enhancing supplement? ents to help you gain or lose weight or improve your performance?						
EXAMINATION							
Height: Weight:							
BP: / (/) Pulse:	Vision: R 20/ L 20/ Correc	ted:	Υ	N			
MEDICAL	有关的表现代的是一种的一种,	NORN	Ale	ABNORMAL FINDINGS			
myopia, mitral valve prolapse [MVP], a	arched palate, pectus excavatum, arachnodactyly, hyperlaxity, and aortic insufficiency)]				
Eyes, ears, nose, and throat	7-11-11-11-11-11-11-11-11-11-11-11-11-11						
Pupils equal Hearing							
Lymph nodes Heart ^o			<u> </u>				
Murmurs (auscultation standing, auscult	tation supine, and ± Valsalva maneuver)			<u> </u>			
Lungs							
Abdomen							
tinea corporis	gestive of methicillin-resistant Staphylococcus aureus (MRSA), or	Г]				
Neurological							
MUSCUIOSKELETAL Neck		NORA	A	ABNORMAL FINDINGS			
Back			╁				
Shoulder and arm		- Interior	-				
Elbow and forearm		-	-				
Wrist, hand, and fingers		-	-				
Hip and thigh							
Knee							
Leg and ankle							
Foot and toes							
Functional Double-leg squat test, single-leg squat test	est, and box drop or step drop test		1				
Control of the contro	cardiography, referral to a cardiologist for abnormal cardiac histo	ory or ex	amin	ation findings or a combi-			
nation of those.		, 5, 5,					
Name of health care professional (print or ty	rpe):		Dat	in.			

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Phone:

_, MD, DO, NP, or PA

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM _____ 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. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Name of health care professional (print or type): _______ Date: _____ Address: Phone: Signature of health care professional: _____ ____, MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Medications: Other information: Emergency contacts: