Kansas State High School Activities Association

access to the private health information found on the PPE.

# PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

5	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. 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.
	4. Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPI to the school.
	5. Review and sign the Concussion and Head Injury Release Form provided by the school.
Н	IEALTHCARE 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!
SC	CHOOL 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. Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
	4. Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
	5. 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

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.







## 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)

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?  4. Have you ever spent the night in the hospital?  HEART HEALTH QUESTIONS ABOUT YOU:  5. Have you ever passed out or nearly passed out during or after exercise?  6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?  7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems?  9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.  10. Do you get light-headed or feel shorter of breath than your friends during exercise?  11. Have you ever had a seizure?	Name			Sex	Age	Date of b	oirth	
List past and current medical conditions   Parent Email	Grade School				Sport(s)			
List past and current medical conditions:    How you ever had surgery? If yes, list all past surgical procedures:	Home Address				Phone			
Have you ever had surgery? If yes, list all past surgical procedures:    Medicines and Aliergies:   Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking	Personal physician			Parent En	nail			
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Medicines   Poliens   Poliens   Food   Stinging insects     What was the reaction?		nd over-the-counter me	dicines, inhalers, and su	ipplements (herbal	and nutritional) that you are	e currently taking:	□ No N	Medication
What was the reaction?    CENERAL QUESTIONS:   YES   N.	Do you have any allergies?  Ye	es 🔲 No If yes, pleas	se identify specific allerg	y below.				
Copyoin "Yes" answers at the end of this form. Circle questions if you don't know the answer.    Copyoin have any concerns that you would like to discuss with your provider?				_	tinging insects			
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20. Do you have a bone, muscle, ligament, or joint injury that bothers you?					Arthotics or other assistive	device?		-
					g or anouce or other assistive	. GENICC!		井
				congenital genetic	conditions (e.g. Downs Sun	drome or		

#### KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.				_
MEDICAL QUESTIONS			YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
23. Have you ever used an inhaler or taken asthma medicine?				
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?				
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?				
26. Have you had infectious mononucleosis (mono)?				
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Sta (MRSA)?	phylococcus aur	reus		
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?				
29. Do you have headaches with exercise?				
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to after being hit or falling?	move your arms	or legs		
31. Have you ever become ill while exercising in the heat?				
32. Do you get frequent muscle cramps when exercising?				
33. Do you or does someone in your family have sickle cell trait or disease?				
34. Have you ever had or do you have any problems with your eyes or vision?				
35. Do you wear protective eyewear, such as goggles or a face shield?				
36. Do you worry about your weight?				
37. Are you trying to or has anyone recommended that you gain or lose weight?				
38. Are you on a special diet or do you avoid certain types of foods or food groups?				
39. Have you ever had an eating disorder?				
40. How do you currently identify your gender?	□ F □	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	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 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)				
FEMALES ONLY:			YES	NO
42. Have you ever had a menstrual period?				
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?				m
44. How old were you when you had your first menstrual period?			Bressey H	- Cornecti
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				

I hereby state that, to the best of my knowledge,	my answers to the above questions are complete and correct.	
Signature of student-athlete	Circoture of annual formation	D-A-

## KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

#### PHYSICAL EXAMINATION FORM

Name			_	D	ate of bir	rth
Date of recent immunizations:	Td Tdap	Нер В	Varicella	HI	PV	Meningococcal
PHYSICIAN REMINDERS  1. Consider additional questions on a Do you feel stressed out or unde Do you ever feel sad, hopeless, do Do you feel safe at your home or Have you ever tried cigarettes, enderwise During the past 30 days, did you at Consider reviewing questions on case.  2. Consider reviewing questions on case.  3. Per Kansas statute, any school at healthcare provider and the health	r a lot of pressure? epressed, or anxious? residence? cigarettes, chewing tobacco, snuf use chewing tobacco, snuff, or dij ardiovascular symptoms (quest	Ff, or dip? - Ha p? imp p? obtions 5-14 of History	nancing supply ye you ever ta prove your per you wear a se Form).	ken anab ement? iken any s rformance eat belt, u	suppleme e? se a helm	oids or used any other performance ents to help you gain or lose weight on the tand adhere to safe sex practices?
EXAMINATION	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					in to play of practice.
Height Weight Male	Female BP (reference gender/l	height/age chart)****	1	(	1	) Pulse
	cted Yes 🗆 No 🗆			11	0.5	FX. 8888
MEDICAL	14 Sept 12 15 15 15 15 15 15 15 15 15 15 15 15 15	F 1 1 1 7 1 5		NOR	MAL	ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, myopia, mitral valve prolapse [MV	high-arched palate, pectus excavat  P], and aortic insufficiency)	tum, arachnodactyly, h	ype <b>rlaxity</b> ,	1944-1140	and the same of th	n- nuces our reserve at the confirmation
Eyes/ears/nose/throat - Pupils equal, Gross Hearing						
Lymph nodes					-	
Heart * - Murmurs (auscultation standing, a	auscultation supine, and ± Valsalva	maneuver)				
Pulses - Simultaneous femoral and radial p						
Lungs	idises					
Abdomen						
Skin  - Herpes simplex virus (HSV), lesions or tinea corporis	suggestive of methicillin-resistant	t <i>Staphylococcus</i> aureu	s (MRSA),			
Neurological***					_	
Genitourinary (optional-males only)**						
MUSCULOSKELETAL		100000	W 200	NORM	AL	ABNORMAL FINDINGS
Neck				Topodomia	Mes II.	STERROOMINE MATERIAL SECTION
Back						
Shoulder/arm					$\neg$	
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				
onsider electrocardiography (ECG), echocardiogr ppriate medical setting. Having third party prese elber DC, Baker-Smith CM, et al. Clinical Practice						
cknowledge I have reviewed the preceding	g patient history pages and have	performed the above	physical exar	mination	on the stu	udent named on this form.
me of healthcare provider (print/type)					Da	ate
nature of healthcare provider						MD, DO, DC, PA-C, APRN (please circle one)

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

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

Phone\_

## 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): \_\_ 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 exami-nation 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. 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. l 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.

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.

Signature of parent/guardian \_\_\_\_\_

Date

#### **ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST**

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:  8ESINNING SEVERTH CARDER—A severalt grader, at the beginning of his or her severalt grade year, is eligible under the Transfer Rule at any school he or she choose to attend in addition, age and acidentic eligible (recoverant as doctored).  8ESINNING RIFITH CARDERS INA THEREYERAL QUINDER HIGH SCHOOL—So that initing graders of a three-year junior high are treated equally to ninth graders of a four several provides of the several pulsar high recoverant provides and the several pulsar high school and the circuit of system. Should have altered from the post store at the several provides and when senior high is microstic system. Should have altered from the state and the beginning of the school post. In addition, age and academic eligibility requirements must also be met.  For Middle/Junior High and Senior High School Students to Rectain Eligibility.  For Middle/Junior High and Senior High School Students to Rectain Eligibility students.  All KS15AA rules and regulations are published in the official XS15AA rionablook which is distributed annually to schools and as available at www.ksissos.org.  Below Are Brife Summaries Q'Secretal Rules. Please See Your Principal For Complete Information.  Rule 19  Physical Evaluation – Parental Consent—Sudents shall have passed the attached evaluation and have the written consent of their parents or guardian.  Rule 19  Rule 19  Physical Evaluation – Parental Consent—Sudents shall have passed the attached evaluation and have the written consent of their parents or guardian.  Rule 19  Rule 19  Physical Evaluation – Parental Consent—Sudents shall have passed the attached evaluation and have the written consent of their parents or guardian.  Rule 19  Rule 19  Physical Evaluation – Sudents shall have passed passed to the submidiant of the control worked of the semest		Student's Name	(PLEASE PRINT CLEARLY)
senior high school, a student who has successfully completed the eighth grade of a two-year jurior high school at the beginning of the school year and be eligible invenientately under the Transfer Rule. Such an initing year may of the school year, and be eligible invenientately under the Transfer Rule. Such an initing year method on the school of their school should they attend a different school as a termin grader, they would be melgible for eighteen weeks.  ENTRING Helf SCHOOL FOR THE FREST TIME—A something by school student is eligible under the Transfer Rule as any senior high one of the new house of the school year. In addition, age and academic eligibility requirements must also be met.  For Middle/Junior High and Semior 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 students of the 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 efficial KSHSAA rules though a standard or principal as meeting all eligibility standards.  All SSHSAA rules and regulations are published in the efficial KSHSAA rules from the standard or standard the sent should be a sent should be supplied to the school principal as meeting all eligibility standards.  Rule 7 Phylical Evabation - Parental Consent—Students shall have passed the attached evaluation and have the written consent of their parents or guardian.  Rule 18 Board High Student—Eligible students shall be a boan affet undergraduate member of his/her school in good standing.  Errollment/Attendance—Students shall not have more than two semesters of possible eligibility in grade seven and two semesters in write and the student shall not have more than high the more subject to the student shall not have more than high the consecutive semesters of possible eligibility in grades seven and two semesters	BEGINNING	SEVENTH GRADER—A seventh grader, at the beginning of his or her s	seventh grade year, is eligible under the Transfer Rule at any school he or she ma
when sendor ligh is entered for the first time at the beginning of the school year. In addition, age and scademic 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 students have a provided the provided by the school principal as meeting all eligibility to participate in interescholastic activities must be certified by the school principal as meeting all eligibility to schools and is available at www.kshoo.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 guardian.  Rule 18  Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.  Rule 19  Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.  Rule 16  Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.  Rule 16  Bona Fide Student—Eligible students shall not have more than two semesters of possible eligibility in grade seven and two semesters in with they participate.  Rule 16  NOTE: If a student does not participate or is included in junior high or in a serior high school.  NOTE: If a student does not participate or is included in junior high or in a serior high school.  NOTE: If a student does not participate or is included in junior high or in a serior high school.  NOTE: If a student does not participate or is included in junior high or indied serior high or in a serior high school.  NOTE: If a student does not participate or in the same student shall cause ineligibility. If tuition is charged or reduce shall meet the requirements of the KSHSAA.  Rule 20  Author Influence—Thus used of undue influence by any person to secure or retain a student shall cause ineligibilit	senior high : junior high s	school, a student who has successfully completed the eighth grade of a school at the beginning of the school year and be eligible immediately u	two-year junior high/middle school, may transfer to the ninth grade of a three-year
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 studigible 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.kshsoa.org.  Below Are Brief Summaris: 0f Selected Bules. Pleas See Your Principal For Complete Information.  Rule 7 Physical Evaluation - Parental Consent—Students shall be a bona file undergraduate member of his/her school in good standing.  Brule 14 Bona Fide Student—Eligible students shall be a bona file 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 view participate.  Rule 16 Semester Regularements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eligi student shall not have more than elight consecutive semesters of possible eligibility in grades in through twelve, regardless of whether the ninth gristic is included in junior high or in a serior high school.  NOTE: (Instituted developes or is intelligible due to transfer, scholarship, etc., the semesters) during that period shall be counted toward the teal number of semesters possible eligibility in grades in the through twelve, regardless of whether the ninth gristic scholarship and provides which are legible to transfer, scholarship, etc., the semesters) during that period shall be counted toward the teal number of semesters possible eligibility in grades in the school student of the school school student of the school school student of the school schoo	ENTERING H when senior	IIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligib r high is entered for the first time at the beginning of the school year. In	ole under the Transfer Rule at any senior high school he or she may choose to attend addition, age and academic eligibility requirements must also be met.
All KSHSAA rules and regulations are published in the official KSHSAA Hondbook which is distributed annually to schools and is available at www.kshsoa.org.  Below Are Brief Summaries of Selected Rules. Please See Your Principal For Complete Information.  Bule 7 Physical Evaluation - Parental Consent—Students shall have passed the attached evaluation and have the written consent of their parents or guardian.  Bona Filde Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.  Broilment/Attendance—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in writing the participate.  Broilment/Attendance—Students are leight on the participate of the student shall not have more than two semesters of possible eligibility in grades since through twelve, regardless of whether the ninth grist is included in junior high or in a senior high school.  NOTE: If a student does not participate or is neighble due to transfer, scholarship, etc., the semester(s) during that period shall be control toward the total number of semesters passible in the school year in which they compete.  Rule 17 Age Requirements—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or in indied school student) on or before August the school year in which they compete.  Rule 29 Annature and Awards Rules—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, have observed all other provisions of the Amateur and Awards Rules.  Rule 22 Anti-Tryout and Private Instruction—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, have observed all other provisions of the Amateur and Awards Rules.  Rule 25 Anti-Tryout and Private Instruction—Students are eligible if they have not participating individually or on a team in any game, toning assiston, context, or tryout conduction by a consultation of the participa	Schools may	y 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
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student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth gr 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, act, the semester(s) during that period shall be counted toward the total number of semesters possible eligibility in the participate of the International participate of the International Programs of the International P	Rule 15	Enrollment/Attendance—Students must be regularly enrolled and they participate.	in attendance not later than Monday of the fourth week of the semester in which
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 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 reduce 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, 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 sch worse. Outside Competition—Students may not engage in outside competition in the same sport during a season in which they are representing their sch worse. Outside competition—Students may not engage in outside competition in the same sport during a season in which they are representing their sch worse. Anti-Fraternity—Students are eligible if they have not participated in training sessions on tryouts held by colleges or other outs 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 tra	Rule 16	Semester Requirements—A student shall not have more than two s student shall not have more than eight consecutive semesters of poss is included in junior high or in a senior high school.	ible eligibility in grades nine through twelve, regardless of whether the ninth grade
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authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining studer 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 attendir extra-curricular activities, school events and KSHSAA activities or events.	authorizes the eligibility. The	e school to release to the KSHSAA student records and other pert estudent/parent also authorizes the school and the KSHSAA to publis	Inent documents and information for the purpose of determining student
Signature of parent/guardian Date	Signature of p	parent/guardian	Date
Signature of student Birth Date Grade Date	Signature of s	tudent Ri-ri	h 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 manus signature.	The parties to th		



# KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION RECOMMENDATIONS FOR COMPLIANCE WITH THE KANSAS SCHOOL SPORTS HEAD INJURY PREVENTION ACT AND IMPLEMENTATION OF THE NATIONAL FEDERATION SPORTS PLAYING RULES RELATED TO CONCUSSIONS

#### The following language appears in all National Federation sports' rules books:

"Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional."

# The Kansas Legislature has enacted the School Sports Head Injury Prevention Act (hereinafter the "Kansas Act") effective July 1, 2011:

Sec. 72-135. (a) This section shall be known and may be cited as the school sports head injury prevention act.

- (b) As used in this section:
- (1) "School" means any public or accredited private high school, middle school or junior high school.
- (2) "Health care provider" means a person licensed by the state board of healing arts to practice medicine and surgery.
- (c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.
- (d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete's parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.
- (e) If a school athlete suffers, or is suspected of having suffered, concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.
- (f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the healthcare provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.
- (g) This section shall take effect on and after July 1, 2011.

The KSHSAA offers the following guidelines and recommendations for compliance with the Kansas Act and for implementation of the NFHS playing rule related to concussions:

- 1. If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student: (1) must be immediately removed from the contest or practice and (2) may not again participate in practice or competition until a health care provider has evaluated the student and provided a written clearance for the student to return to practice and competition. The National Federation and the KSHSAA recommend that the student should not be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior was observed.
- 2. What are the "signs, symptoms, or behaviors consistent with a concussion"? The National Federation rule lists some of the signs, symptoms and behaviors consistent with a concussion. The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache
<ul> <li>Is confused about assignment</li> </ul>	Nausea
<ul> <li>Forgets plays</li> </ul>	<ul> <li>Balance problems or dizziness</li> </ul>
• Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	<ul> <li>Sensitivity to light or noise</li> </ul>
Answers questions slowly	Feeling sluggish
Loses consciousness	<ul> <li>Feeling foggy or groggy</li> </ul>
<ul> <li>Shows behavior or personality changes</li> </ul>	Concentration or memory problems
Cannot recall events prior to hit	• Confusion
Cannot recall events after hit	

These lists may not be exhaustive

- 3. What is a "Health Care Provider"? The Kansas Sports Head Injury Prevention Act defines a health care provider to be "a person licensed by the state board of healing arts to practice medicine and surgery." The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).
- 4. The first step to concussion recovery is cognitive rest. Students may need their academic workload modified or even be completely removed from the classroom setting while they are initially recovering from a concussion as they may struggle with concentration, memory, and organization. Students should also avoid the use of electronic devices (computers, tablets, video games, texting, etc.) and loud noises, as these can also impair the brain's recovery process. Trying to meet academic requirements too early after sustaining a concussion may exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

- 5. Return to Play or Practice Clearance Requirements:
  - A. The clearance must be in writing and signed by a health care provider.
  - B. The National Federation and the KSHSAA recommend the clearance should not be issued on the same day the athlete was removed from play.
  - C. The National Federation and the KSHSAA recommend that a student who has been removed from a practice or competition because the student suffered, or was suspected of suffering, a concussion or head injury should complete a graduated return to play protocol following medical clearance before returning to unrestricted practice or competition. The National Federation has included the following graduated protocol in its Suggested Guidelines for Management of Concussion in Sports. In most cases, the athlete will progress one step each day. The return to activity program schedule may proceed as below following medical clearance:
    - Step 1: Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.
    - Step 2: Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
    - Step 3: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
    - Step 4: Full contact practice or training.
    - Step 5: Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

This is simply a suggested protocol. The appropriate health care provider who issues the written clearance may wish to establish a different graduated protocol.

6. Parents and students <u>ARE REQUIRED</u> to complete a Concussion & Head Injury Information Release Form and turn it into their school prior to the student participating in any athletic or spirit practice or contest each school year. Schools are required to have such form on file before a student may participate in a practice or competition.

#### KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2017-2018

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms	may inc	lude one oi	r more of t	he following:
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- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- · Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

#### Signs observed by teammates, parents, and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech

- Shows behavior or personality changes
- Can't recall events prior to hit
- · Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

#### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

#### Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

#### Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

http://www.cdc.gov/concussion/HeadsUp/youth.html

http://www.kansasconcussion.org/

For concussion information and educational resources collected by the KSHSAA, go to:

http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm

Student-athlete Name Printed Student-athlete Signature Date

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date



#### KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

Based on awareness of potential cardiopulmonary issues in adolescents who have had or been exposed to COVID-19, the American Medical Society for Sports Medicine, the National Federation of High School Associations and the KSHSAA Sports Medicine Advisory Committee recommend a preseason screening of students prior to participating in athletics.

This questionnaire is to be completed and turned in to the school prior to the student's first sports practice (including Spirit) of the 2020-21 school year. It is recommended students/parents complete this form 1-2 weeks prior to the start of the season in case follow-up evaluation is necessary. If timing allows it should be done in conjunction with the student's pre-participation physical exam. This form is NOT intended to replace the recommended daily screening procedures for all students participating in activities.

Student Name:	Date:		
Please check <u>Yes</u> or <u>No</u> for each question and symptom list	ed below.		
		YES	NO
Have you been diagnosed with or tested positive for a Co	OVID-19 infection?		
If YES, date of diagnosis or positive test result:	The second secon	Marine Services	
Have you had any of the following symptoms in the past	two weeks?		
Fever		a a	
Cough			
Shortness of breath or difficulty breathing			
Shaking chills			
Chest pain, pressure, or tightness with exercise			
Fatigue or difficulty with exercise		•	
Racing heart rate		p de Sanda,	
Unusual dizziness		The second secon	
Loss of taste or smell			
Sore throat		1	
Nausea, vomiting, or diarrhea			
Unusual rash or painful discoloration of fingers or toes			
		1	
Do you have a family member or household member wit	h current or past COVID-19?	:	
Any student-athlete marking any of the above questio provider and submit written clearance from their healt participate in sports (including Spirit activities).			are
Signatures Required			
Shudant	Date		
Student	Date		
Parent/Guardian	Date		



#### KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

# THIS PAGE ONLY NEEDS COMPLETED IF A "YES" ANSWER WAS PROVIDED ON ANY OF THE ITEMS ON PAGE 1.

Healthcare Provider Release Section: (Must be completed by MD, DO, DC, PA-C, APRN)				
Student Name:				
have examined the student named on this form and reviewed the student's previous history of COVID- 19 illness and/or exposure.				
Student is medically eligible for all sports without restriction				
Student is not medically eligible for any sports at this time				
Recommendations:				
Date:				
Name of healthcare provider:				
Signature of healthcare provider:  MD, DO, DC, PA-C, APRN				
Address:				
Phone:				