

For athletes to be eligible to practice and play in games, they must complete the following steps:

1. Turn in an IHSAA valid physical exam form signed by the doctor **to the athletic department**. The physical exam must be dated 4/1/21 or later to be valid for the 21-22 school year. Please verify the doctor has signed, dated and checked the box “cleared for all sports...” or the physical is not valid.
2. Complete all online paperwork through Final Forms for the 21-22 school year (both parent and student portion). This will be uploaded on Final Forms and ready for completion by April 30, 2021.

FINAL FORMS INFO

Parents and student athletes must fill out paperwork online to complete all required forms. Go to <https://rossville-in.finalforms.com> and go to the parent link, create an account and fill out and sign the forms. (Please note that you will need your child's school email address to complete the parent portion. Their email is typically first initial middle initial last name@rcsdstudents.org. Your child should know their email address.) Once you complete the parent portion of Final Forms, an email will be sent to your child. They can click on the Final Forms email and it will take them to the forms they need to sign. Notification of completion by parent and student will be sent to the athletic department.

To ensure your child does not miss any practices, workouts or games, it is highly encouraged (regardless of the sport) that they turn in a valid physical exam form signed by the doctor and have Final Forms completed by both the parent and student for the 2021-22 school year **by the end of this school year**. This ensures they are able to participate in all summer workouts. (If they had a physical on file for the 20-21 school year, it will expire on 6/29/2021.)

**THE IHSAA PHYSICAL EXAM FORM IS ON THE
BACKSIDE OF THIS PAGE**

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

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 last 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 use any other appearance/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 condoms?



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

EXAMINATION						
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female				
BP / (/)	Pulse	Vision	R 20/	L 20/	Corrected?	Y N
MEDICAL					NORMAL	ABNORMAL FINDINGS
Appearance						
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat						
• Pupils equal						
• Hearing						
Lymphnodes						
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						
• MSV, lesions suggestive of MRSA, tinea corporis						
Neurologic						
MUSCULOSKELETAL						
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS	
Neck			Knee			
Back			Leg/ankle			
Shoulder/arm			Foot/toes			
Elbow/forearm			Functional			
Wrist/hand/fingers			• Duck-walk, single leg hop			
Hip/thigh						

☐ 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

Reason _____
 Recommendations _____

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).

Name of Health Care Professional (print/type) _____ Date _____
 Address _____ Phone _____ License # _____
 Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	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 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

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

2. Has a provider ever denied or restricted your participation in sports for any reason? Yes No

3. Do you have any ongoing medical issues or recent illness? Yes No

HEART HEALTH QUESTIONS ABOUT YOU

4. Have you ever passed out or nearly passed out during or after exercise? Yes No

5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes No

6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? Yes No

7. Has a doctor ever told you that you have any heart problems? Yes No

8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. Yes No

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

9. Do you get light-headed or feel shorter of breath than your friends during exercise? Yes No

10. Have you ever had a seizure? Yes No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? Yes No

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)? Yes No

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? Yes No

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, 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 problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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