To student athletes and their parents/caregivers:

Before you can play a sport the TSSAA (Tennessee Secondary School Athletic Association) says you must get a sports physical. This is also called a PPE (Preparticipation Physical Evaluation). The PPE promotes the health and well-being of athletes as they train and compete. It also helps keep athletes safe as they play sports. It is NOT meant to stop them from playing.

Where can you go to get a PPE? In the newest PPE guidebook, the groups below say your doctor's office or the place where you get your medical care is where you can go to get it done:

- The American Academy of Pediatrics
- The American Academy of Family Physicians
- The American College of Sports Medicine
- The American Medical Society for Sports Medicine
- The American Orthopedic Academy of Sports Medicine
- It's also endorsed by the National Athletic Trainers' Association and the National Federation of State High School Associations

There are other places you can get a PPE, but we recommend athletes get a PPE during their Well Visit at their doctor's office or School Based Health Center. This ensures exams cover everything important about your overall health and well-being. It also limits absenses from school and sports.

We encourage you to work the PPE into the routine health care you get at your doctor's office or the place where you get your medical care. If you're enrolled in TennCare your well visits are free.

Sincerely,

Tennessee Secondary School Athletic Association Tennessee Chapter of the American Academy of Pediatrics Tennessee Division of TennCare

Do you have TennCare and need to know who your doctor is? You can call your MCO at:

Amerigroup: 1-800-600-4441 BlueCare: 1-800-468-9698 UnitedHealthcare: 1-800-690-1606 TennCare*Select*: 1-800-263-5479 This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

## PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) **HISTORY FORM**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name:

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

F

\_\_\_\_\_ Date of birth: \_\_\_\_\_\_

Sex: M or

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).

Patient Health Questionnaire Version 4 (PHQ-4) Over 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 2 3 Little interest or pleasure in doing things 0 1 0 1 2 Feeling down, depressed, or hopeless 3

(A sum of  $\geq$ 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.)	Yes	No
<ol> <li>Do you have any concerns that you would like to discuss with your provider?</li> </ol>		
<ol><li>Has a provider ever denied or restricted your participation in sports for any reason?</li></ol>		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
<ol><li>Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</li></ol>		
<ol><li>Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?</li></ol>		
7. Has a doctor ever told you that you have any heart problems?		
<ol> <li>Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.</li> </ol>		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Unsure	Yes	No
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)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardio- myopathy (HCM), Marfan syndrome, arrhyth- mogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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
<ol> <li>Do you cough, wheeze, or have difficulty breathing during or after exercise?</li> </ol>		
17. Are you missing a kidney, an eye, a testicle, 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 <i>Staphylococcus aureus</i> (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, 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 Unsure 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 recommende you gain or lose weight?			
27. Are you on a special diet or do you avoid centry types of foods or food groups?			
28. Have you ever had an eating disorder?			
MENSTRUAL QUESTIONS N/A			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: \_\_\_\_\_

adaptive from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. May 2023

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

## PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Name:

PHYSICIAN REMINDERS

and a second second

Date of birth:

- 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, e-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-enhancing 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 (Q4-Q13 of History Form).

Height:       Weight:         BP:       /       /       /       /       N         COVID-19 VACCINE       Vision: R 20/       L 20/       Corrected:       IV       N         Previously received COVID-19 vaccine:       IV       N       Administered CovID-19 vaccine:       IV       N         Administered COVID-19 vaccine:       IV       N       If yes:       First dose       Second dose         MEDICAL       NORMAL FINDINCS       NORMAL FINDINCS       ABNORMAL FINDINCS         Appearance       NORMAL Properties       NORMAL FINDINCS         Fyes, oers, nose, ond threat       First dose       Second dose         Previsusly received CovID-19 vaccine:       IV       N       If yes:         (previsusly received CovID-19 vaccine:       NORMAL FINDINCS       ABNORMAL FINDINCS         Appearance       NORMAL properties       Intervisusly received CovID-19 vaccine:       Intervis	EXAMINATION		and the second second	·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈·哈哈	No the Providence of the second
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Administered COVID-19 vaccine at this visit:       Y       If yes:       First dose       Second dose         MEDICAL       NORMAL       ABNORMAL FINDINGS         Appearance       Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)       Image and a control insufficiency         Eyes, ears, nose, and throat       Image and a control insufficiency       Image and a control insufficiency         Y Pupils equal       Image and another insufficiency       Image and a control insufficiency         Iversity in nodes       Image and iteration is a control insufficiency       Image and a control insufficiency         Iumps handes       Image and iteration is a control insufficiency       Image and iteration is a control insufficiency         Iumps       Marmars (auscultation standing, auscultation supine, and ± Valsalva maneuver)       Image and iteration is a control insufficiency         Iumgs       Abdomen       Image and iteration is a suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or time corporis       Image and iteration is a control insufficiency         Neurological       Image and iteration is a control insufficiency       Image and iteration is a control insufficiency         Nock       Image and iteration is a control insufficiency       Image and iteration is a control insufficiency         Noclocited       Image and iteration is a contro	COVID-19 VACCINE		A CALL STREET		State of the state of the state
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<ul> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis</li> <li>Neurological</li> <li>MUSCULOSKELETAL</li> <li>NORMAL</li> <li>ABNORMAL FINDINGS</li> <li>Neck</li> <li>Back</li> <li>Shoulder and arm</li> <li>Elbow and forearm</li> <li>Wrist, hand, and fingers</li> <li>Hip and thigh</li> <li>Knee</li> <li>Leg and ankle</li> <li>Foot and toes</li> <li>Functional</li> <li>ABNORMAL FINDINGS</li> </ul>	Abdomen				
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Elbow and forearm     Image: Constraint of the second					
Wrist, hand, and fingers     Image: Constraint of the second	Shoulder and arm				
Hip and thigh     Image: Constraint of thigh       Knee     Image: Constraint of thigh       Leg and ankle     Image: Constraint of thigh       Foot and toes     Image: Constraint of thigh       Functional     Image: Constraint of thigh	Elbow and forearm				
Knee     Image: Constraint of the second secon	Wrist, hand, and fingers				
Leg and ankle	Hip and thigh				
Foot and toes Functional	Knee				
Functional	Leg and ankle				
	Foot and toes				
Double-leg squat test, single-leg squat test, and box drop or step drop test		t test, and box drop or step drop test			
<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.           Name of health care professional (print or type):         Date:	nation of those.		ogist for abnormal care		

realitie et treatin care presenter (print et //p-)		
Address:	Pho	one:
Signature of health care professional:		MD, DO, NP, or PA

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#### PREPARTICIPATION PHYSICAL EVALUATION

## **MEDICAL ELIGIBILITY FORM**

Name:	Date of birth:	
Medically eligible for all sports without restriction		
□ Medically eligible for all sports without restriction with recommendation	is for further evaluation or treatment of	
Medically eligible for certain sports		
□ Not medically eligible pending further evaluation		
Not medically eligible for any sports Recommendations:		
	preparticipation physical evaluation. The att	lete does not have
apparent clinical contraindications to practice and can participate examination findings are on record in my office and can be made arise after the athlete has been cleared for participation, the physic	available to the school at the request of the po ian may rescind the medical eligibility until th	arents. If conditions
apparent clinical contraindications to practice and can participate examination findings are on record in my office and can be made arise after the athlete has been cleared for participation, the physic and the potential consequences are completely explained to the ath	available to the school at the request of the po ian may rescind the medical eligibility until th lete (and parents or guardians).	e problem is resolved
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### **CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE**

\*Entire Page Completed By Patient

Athlete Information				
Last Name		_ First Name		MI
Sex: [ ] Male [ ] Female	Grade	Age	DOB/	/
Allergies				
Medications		×		
Insurance		Policy Number	er	
Group Number		Insurance Pho	one Number	
Emorgonov Contact Inform	notion			

Emergency Contact Information					
Home Address		_ City		_Zip	
Home Phone	Mother's Cell		_Father's Cell _		
Mother's Name		_ Work Phon	e		
Father's Name		Work Phone	9		
Another Person to Contact					
Phone Number	Relati	onship			

## Legal/Parent Consent

I/We hereby give consent for (athlete's name)	to represent
(name of school)	in athletics realizing that such activity involves
potential for injury. I/We acknowledge that even with the best	coaching, the most advanced equipment, and strict
observation of the rules, injuries are still possible. On rare of	ccasions these injuries are severe and result in
disability, paralysis, and even death. I/We further grant p	ermission to the school and TSSAA, its
physicians, athletic trainers, and/or EMT to render aid, tr	eatment, medical, or surgical care deemed
reasonably necessary to the health and well being of the	student athlete named above during or resulting
from participation in athletics. By the execution of this con	sent, the student athlete named above and his/her
parent/guardian(s) do hereby consent to screening, examinat	ion, and testing of the student athlete during the
course of the pre-participation examination by those performi	ng the evaluation, and to the taking of medical
history information and the recording of that history and the fi	ndings and comments pertaining to the student
athlete on the forms attached hereto by those practitioners pe	rforming the examination. As parent or legal
Guardian, I/We remain fully responsible for any legal resp	onsibility which may result from any personal
actions taken by the above named student athlete.	