

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 absences 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

TennCareSelect: 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 examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a 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: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ 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 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

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

CONSENTIMIENTO A PARTICIPAR EN ACTIVIDADES ATLÉTICAS Y RECIBIR CUIDADO MÉDICO SI FUERA NECESARIO

(Este Consentimiento debe ser completado por el Estudiante-Aleta y sus padres o guardianes.)

Información del Estudiante-Aleta

Apellido _____ Nombre _____ SSN _____

Sexo: [] Hombre [] Mujer Grado _____ Edad _____ Fecha de Nacimiento ____/____/____

Alergias _____

Medicaciones _____

Seguro Médico _____ Número de la Póliza _____

Número del Grupo _____ Teléfono del Seguro _____

Información del Contacto en Caso de Emergencia

Dirección de Casa _____ Ciudad _____

Código Postal _____

Teléfono de Casa _____ Celular de la Madre o Guardián _____

Celular del Padre o Guardián _____

Nombre de la Madre o Guardián _____ Teléfono del Trabajo _____

Nombre del Padre o Guardián _____ Teléfono del Trabajo _____

Otra Persona para Contactar _____

Número de Teléfono _____ Relación _____

Consentimiento Legal de los Padres o Guardianes

Por la presente doy/damos consentimiento para (**nombre del atleta**) _____ representar (**nombre de Escuela**) _____ en el atletismo al darse cuenta de que dicha actividad implica la posibilidad de lesiones. Yo/nosotros reconocemos que incluso con el mejor entrenamiento, el equipo más avanzado y la estricta observación de las reglas, aún las lesiones son posibles. ***En raras ocasiones, estas lesiones son severas y pueden resultar en incapacidad, parálisis, y hasta la muerte. Yo/nosotros también otorgamos permiso a la escuela y a TSSAA, sus médicos, entrenadores atléticos y/o EMT para brindar ayuda, tratamiento, atención médica o quirúrgica que se considere razonablemente necesaria para la salud y el bienestar del estudiante atleta mencionado anteriormente durante o como resultado de la participación en el atletismo.*** Mediante la ejecución de este consentimiento, el estudiante atleta mencionado anteriormente y su padre/tutor(es) por la presente dan su consentimiento para la detección, el examen y las pruebas del estudiante atleta durante el curso del examen previo a la participación por parte de quienes realizan la evaluación. , y a la toma de información del historial médico y el registro de ese historial y los hallazgos y comentarios relacionados con el estudiante atleta en los formularios adjuntos al presente por parte de los profesionales que realizan el examen. Como padre o tutor legal, ***Yo/nosotros seguimos siendo completamente responsables de cualquier responsabilidad legal que pueda resultar de cualquier acción personal tomada por el estudiante atleta mencionado anteriormente.***

Firma del Atleta

Firma del padre/guardián

Fecha