

Instructions for completing the NCHSAA Student-Athlete  
Pre-Participation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must complete a pre-participation physical evaluation (PPE) and provide medical eligibility documentation to the school.

There are three sections that need to be completed:

1. History Form (Pages 1-2)
  - a. This form is completed by the student-athlete and his / her parent or guardian.
  - b. Both the athlete and a parent or guardian shall sign this form.
2. Physical Examination Form (Page 3)
  - a. This section is completed by and signed by a licensed medical professional (MD, DO, NP, or PA-C).
  - b. The physical exam should include a thorough review of the history form. The licensed medical professional should ask any clarifying questions or discuss any areas left blank on the medical history during the physical exam.
  - c. This form should be signed on the date that the physical examination was completed.
3. Medical Eligibility (Page 4)
  - a. This section is completed by and signed by the licensed medical professional who reviewed the history form and completed the physical exam.
  - b. The licensed medical provider should complete the Shared Emergency Information based on findings from the history form and the physical examination.
  - c. This form should also be signed on the date that the physical examination was completed.



**■ PREPARTICIPATION PHYSICAL EVALUATION**

**HISTORY FORM**

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

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

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

Sex assigned at birth (F or M): \_\_\_\_\_ School: \_\_\_\_\_

Have you had COVID-19? (optional, check one):  Y  N  
 Have you been immunized for COVID-19? (optional, check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_

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
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

<b>GENERAL QUESTIONS</b> (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
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?				
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>			Yes	No
4. Have you ever passed out or nearly passed out 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?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

<b>HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)</b>				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?					
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			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 cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic 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?					





**■ PREPARTICIPATION PHYSICAL EVALUATION**

**PHYSICAL EXAMINATION FORM**

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

**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, 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).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
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"> <li>• Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<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 of exam: \_\_\_\_\_

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 of exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability–things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

***You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.***

*This information is provided to you by the UNC Matthew Gfeller Sport–Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) \_\_\_\_\_

Parent/Legal Custodian Name(s): (please print) \_\_\_\_\_

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

**By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK  
FOR MINOR PARTICIPANTS  
READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_, my child, being allowed to participate in Noble Academy sports related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Noble Academy's Board of Trustees and/or employees, and assume full responsibility for my child's participation; and,
2. I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual or significant indications in my child's readiness for participation which are cause for concern and/or become concerned with the program itself, I will remove my child from his/her participation and notify the nearest employee and a member of the Noble Academy administration immediately; and,
3. I, for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives and next of kin, hereby release and hold harmless Noble Academy's Board of Trustees and/or employees, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether or not arising from the negligence of Noble Academy's Board of Trustees and/or employees, to the fullest extent permitted by law; and
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless Noble Academy's Board of Trustees and/or employees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED

# Noble Academy Athletics Code of Conduct

## Pursuing Victory with Honor

We believe that interscholastic athletic competition at Noble Academy should reflect the school's mission statement and Knight values. We hold our student-athletes, coaches and parents to high standards of ethics and sportsmanship and we promote the development of good character and other important life skills.

## Athlete's Code of Ethics and Responsibilities

We believe that being a Noble Academy student-athlete is a choice thereby a privilege, one that along with being a great honor, carries with it responsibilities. As a Noble Academy student-athlete, our young people have an image to reflect: one of positive leadership, character, responsibility, competitive spirit and integrity. It is imperative that all students taking part in athletics and their parents understand the following responsibilities and rules and understand that coaches and the athletic director have the right to remove the privilege of participation. The following are expected of a Noble Academy student-athlete:

- That proper behavior and respect towards others will reflect positively on the team, and in the Noble Academy Community. A positive reflection is the only desirable one for your team.
- That you understand the primary reason for your being in school is academic work. Your classroom behavior must be exemplary. If a player begins to experience even a little difficulty in school work, he/she will be monitored by the athletics department receiving weekly reports from all teachers.
- That you will understand that practice is the most important part of the season. Effective practice requires the concentration of the whole team at all times. Players who practice hard and with intensity are the players who are winners every time. Missing practice not only affects an athlete's playing time but can be detrimental to the entire team.
- That you represent Noble Academy in all you do. The things we are attempting to accomplish will be judged by outsiders based upon your thoughts, words and actions. Be judicious and appropriate in what you say and do.
- That you understand that individual recognition and accomplishments are the result of teamwork.

- That you will accept and respect the decisions of your coaches to be in the best interest of the team and Noble Academy. Discuss problems with your coach in private. Display only positive mannerisms and discuss negative feelings behind closed doors.
- That you will develop a respect for your team and teammates and understand what happens on a day-to-day basis. Your coaches and teammates are a very good support group. The important thing is that in the sport context we pursue your common goals as a unity, and put aside differences. We cannot all be best friends, but we can develop enough mutual and collective respect to overcome any internal adversity that develops.
- That your teammates need your support and encouragement.
- That you realize that the true nature of competition is evaluated by effort, sportsmanship, leadership and teamwork. If the student-athlete is successful in these criteria, victories will be made everyday. (Note: wins and losses will take care of themselves.)
- Noble Academy student-athletes are expected to refrain from using any illegal substances, including alcohol, tobacco, or other drugs or engaging in any unhealthy techniques to gain, lose or maintain weight. Any student-athlete found to be using alcohol or other drugs will be referred to the school's Administration and Counselors. Possible consequences of violating the school's drug and alcohol policy include expulsion from the school or suspension of all school activities, including athletics.

Signatures:

Student Athlete: \_\_\_\_\_

Parent(s) \_\_\_\_\_