

ABINGTON SCHOOL DISTRICT
First Sport of the School Year

PIAA PHYSICALS (including copy of Immunizations)
MUST BE DATED ON/AFTER JUNE 1
and
WILL BE EFFECTIVE UNTIL THE NEXT MAY 31

- **PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION FORM (CIPPE) sections 1-5** completed and signed by student and parent/guardian. SECTION 6 of the CIPPE must be completed and signed by your doctor on or after June 1st. (This form can also be used as the mandated 11th grade physical.)
- **COPY OF IMMUNIZATIONS**

NAME _____

GRADE _____

SPORT _____

PLAYING AT JR HI _____ SR HI _____

When school is in session, forms are to be brought to health suite (Senior High students to Senior High Health Suite, Junior High students to Junior High Health Suite).

Forms for FALL Sports during SUMMER MONTHS:

Senior High Sports (including 9th grade students playing Fall sports at Senior High) bring to Senior High Receptionist.

9th grade football players bring to Senior High Receptionist.

All other Junior High FALL Sports bring to Junior High Receptionist.

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RE-CERTIFICATION (subsequent sports played in the same school year) you will need:

- **PIAA Re-certification by Parent/Guardian Form** completed and submitted prior to the start of the subsequent sport. The student may need to be recertified by a licensed physician of medicine or osteopathic medicine based on the completed questionnaire.

P.I.A.A.

Choose one per season.
A PIAA form is needed for each sport

FALL SPORTS –

GRADE 7

Field Hockey
Football (120 pounds)
Football (Open Weight)
Soccer (Boys)
Soccer (Girls)
Tennis (Girls)
Volleyball (Girls)

GRADE 8

Field Hockey
Football (120 pounds)
Football (Open Weight)
Soccer (Boys)
Soccer (Girls)
Tennis (Girls)
Volleyball (Girls)

GRADES 9*, 10, 11, 12

Cheerleading (Gr.10,11,12)
Cross Country
Field Hockey
Football
Golf
Soccer (Boys)
Soccer (Girls)
Tennis (Girls)
Volleyball (Girls)

WINTER SPORTS

GRADE 7

Basketball
Cheerleading
Wrestling

GRADE 8

Basketball
Cheerleading
Wrestling

GRADES 9*, 10, 11, 12

Basketball
Bowling
Cheerleading
Diving
Swimming
Track
Wrestling

SPRING SPORTS

GRADE 7

Baseball
Lacrosse (Boys)
Lacrosse (Girls)
Softball
Tennis (Boys)
Track

GRADE 8

Baseball
Lacrosse (Boys)
Lacrosse (Girls)
Softball
Tennis (Boys)
Track

GRADES 9*, 10, 11, 12

Baseball
Lacrosse
Softball
Tennis (Boys)
Track
Volleyball (Boys)

* Please indicate if playing at Junior High or Senior High

Sports offered p1 s2

Please read the following excerpts from the 2012-2013 PIAA Constitution and By-Laws carefully for information related to the physical examination.

ARTICLE IV - CONSENT OF PARENT OR GUARDIAN

Section 1. Consent of Parent or Guardian Necessary Before Student Begins Practice.

Except as otherwise provided in this ARTICLE, a student shall be eligible to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in each sport only when there is on file with the student's Principal, or the Principal's designee, a certificate of consent, which is signed by the student's parent or guardian. The only valid certificate of consent is the PIAA Parent's/Guardian's Certificate.

Section 2. Emancipated Students.

A student who is determined by the student's school to be emancipated shall be eligible to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in each sport only when there is on file with the student's Principal the student's certification that (1) the student is familiar with the requirements of PIAA concerning the eligibility of students of PIAA member schools to participate in Inter-School Practices or Scrimmages and Contests involving PIAA member schools, including but not limited to requirements relating to age, amateur status, school attendance, health, Transfer from one school to another, seasons and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance; (2) the student has been informed by the Principal, Athletic Director, or the Coach concerning PIAA's Season and Out-of-Season Rules and Regulations as they apply to the involved sport; (3) the student consents to the release to PIAA of any portion of school record files of the student, beginning with the seventh grade, necessary to enable PIAA to determine whether the student is eligible to participate in interscholastic athletics involving PIAA member schools, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of the student, academic work completed, grades received, and attendance data, and (4) the student consents to an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the student while the student is practicing for or participating in Inter-School Practices or Scrimmages and Contests.

ARTICLE V - HEALTH

Preamble

Participation in interscholastic athletic competition is intended to develop and strengthen the body and character of the participant. Participation can also be, and often is expected to be, demanding and stressful. Participation in contact sports may further provide heightened exposure of the athlete to communicable diseases, illnesses, and/or injuries. While injuries are an inherent risk of any physical activity, and the avoidance of all illnesses not realistic, PIAA believes that the risk of such injuries and illnesses can be minimized through proper Coaching, training, and supervision. PIAA further believes that all students should have a thorough pre-participation physical

evaluation, by an Authorized Medical Examiner, to ensure that there are present no obvious illnesses and/or injuries, which would place the student or others of enhanced risk or injury through the student's participation in interscholastic athletics. Finally, PIAA believes that a review and re-certification of some students is necessary prior to their participation in their next sport season.

Section 1. Comprehensive Initial Pre-Participation Physical Evaluation.

No student shall be eligible to participate in Practices, Inter-School Practices, Scrimmages and/or Contests unless the student has completed a comprehensive initial pre-participation physical evaluation ("CIPPE") performed by an Authorized Medical Examiner, and the Authorized Medical Examiner has completed the PIAA Comprehensive Initial Pre-Participation Physical Evaluation Form ("CIPPE Form").

Section 2. Certification.

By signing the PIAA CIPPE Form, the Authorized Medical Examiner certifies that the student is physically fit to commence Practice and participate in Inter-School Practices, Scrimmages and/or Contests in the sport(s) approved by the student's parent.

In certifying whether a student is physically fit to participate in Practices, Inter-School Practices, Scrimmages and Contests in a particular sport(s), the Authorized Medical Examiner (a) is expected to have or, if not already in possession of it, obtain, a working understanding of the physical requirements of the sport(s) in which the student is to Practice and participate; (b) should review a health history of the student; and (c) should perform a CIPPE appropriate for the sport(s) for which certification is being sought.

Section 3. Re-Certification.

Any student who (1) previously participated in PIAA interscholastic athletic competition pursuant to a CIPPE; and (2) is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must, not earlier than six weeks prior to the first Practice Day of the next sports season, complete and turn in to that student's Principal the Re-Certification by Parent/Guardian part of the CIPPE Form. The Principal, or Principal's designee, of that student's school must review the Supplemental Health History of that student and, if any Supplemental Health History questions are either checked yes or circled, shall require that student to submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee of that student's school prior to that student's additional participation in interscholastic athletics.

Section 4. Timing.

The CIPPE may not be performed earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

ABINGTON SCHOOL DISTRICT
ABINGTON, PENNSYLVANIA

SUPERINTENDENT'S
ADMINISTRATIVE PROCEDURE

REGARDING: **Student Athletic
Programs**

Section: **Students**

Effective Date: January 14, 1975

Reissued: 12/21/79, 4/01/87, 8/26/08,
8/16/12

See Also: Related Board Policy

1. Each student contemplating participation in District/interscholastic athletic programs must undergo an eligibility medical examination by the family physician. Examination forms, secured from the school nurse, must be completed by the physician, signed by the parent, and returned to the school health office prior to practice or participation in any sport. Athletic eligibility lists based on the written medical report will be compiled as designated by the building principal and submitted to the coach or coaches of the sport for which the student has been examined.

The District also may provide athletic examinations for students who, for personal reasons, are unable to secure other arrangements.

2. With the exception of senior high school interscholastic football, the Abington School District will not assume the cost of treatment for injuries suffered in athletic activities.
3. The Abington School District will purchase insurance against expenses for injuries suffered by students participating in senior high school interscholastic football when such expenses are not covered by family or student insurance policies.
4. In the event a student is injured during any athletic activity, the "Standing First Aid Orders" as issued by the school physician are to be in effect. These will be distributed by the nurse to all athletic coaches at the beginning of each sports season (Fall, Winter, Spring) and reviewed with all coaches by the assigned nurse.
5. Students who elect to participate in any District-sponsored athletic activities are urged to purchase insurance providing coverage for sports programs.
6. A copy of Board Policy Statement and Superintendent's Administrative Procedure, "Student Athletic Programs," will be distributed to each staff member, student, and parent of any student contemplating participation in an interscholastic athletic program sponsored by the District.



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/___ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____ / ____ / ____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete	Print Student-Athlete's Name	Date ___/___/___
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date ___/___/___

SECTION 5: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

		Yes	No			Yes	No
1.	Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23.	Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28.	Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY			
	<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	31.	Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	32.	Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	33.	Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Heart infection	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37.	When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42.	Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
	Head Neck Shoulder Upper arm Elbow Forearm Hand/ Fingers Chest			45.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
	Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/ Toes			46.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY			
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	48.	How old were you when you had your first menstrual period?	_____	_____
				49.	How many periods have you had in the last 12 months?	_____	_____
				50.	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

#'s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School _____ Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP ____/____ (____/____, ____/____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/____ L 20/____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Authorized Date of CIPPE ____/____/____