



COMPREHENSIVE INITIAL PHYSICAL=CIP
Jersey Shore Area Middle and Senior High School
Student-Athletic Contract

Print
Except Signatures

Name _____ Date of Birth _____ Age _____

Address _____

Name of Sport _____ Grade _____ (when sport will be played)

Grades of Participation: 7 8 9 10 11 12 (circle years played) Phone Number _____

Article IV-Section 1. Consent of Parent Necessary before Pupil Starts Practice. A pupil shall be eligible for practice or participation in each sport ONLY when there is a file with the principal, a certificate of consent which is signed by his/her parent(s) or guardian(s). The only valid certificate of consent is the P.I.A.A. Parent's Certificate.

Parent's Certification

I hereby acknowledge that I am familiar with the requirements of P.I.A.A. concerning the eligibility of a student at P.I.A.A. member schools to participate in interscholastic athletic contests involving P.I.A.A. member schools. Such requirements 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.

I hereby certify that the above named pupil has been informed by the principal, athletic director or the coach concerning P.I.A.A.'s Season and Out-of-Season Rules and Regulations as they apply to the involved sport.

I hereby consent to the release of P.I.A.A. of any portions of school record files, beginning with the seventh grade, of the above named pupil necessary to enable P.I.A.A. to determine whether the above-named pupil is eligible to participate in interscholastic athletics involving P.I.A.A. member schools, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent or guardian, residence address of pupil; academic work completed, grades received and attendance data.

Parent/Legal Guardian Signature

This form is effective as of April 2, 2012 and replaces all others on the subject.

Scholastic Certification

The student named above is scholastically eligible to participate in the above named activity.

Principal's Signature Date

General Training Rules and Regulations - Athletes

1. Will not use tobacco, drugs and/or alcohol or be in possession of the above in any manner or form. Will follow Police #222, Smoking-Tobacco Use - Student Policy #227, Drugs - Alcohol and Administrative Guidelines. Violation school policy may cause removal from all activities for a period of 60 school days from the date of the infraction.
2. Will follow all rules of my coach and the Jersey Shore School District's **General Rules for Athletes and Cheerleaders**.
3. Must fulfill academic requirements of the school and the P.I.A.A.
4. Accept the decisions of all game and event officials without question.
5. Conduct myself at other schools that I bring credit to my school, my team, my coach, and myself.
6. Refrain from playing with teams outside the jurisdiction of the Jersey Shore School District during the season unless given permission by the coach and principal of the school.
7. Be present at all meetings, practices, and games unless excused by the coach or advisor.
8. I agree to be responsible for any and all equipment that is issued to me by the school district. Furthermore, I agree to use issued equipment for practice sessions or official contests and that any equipment not returned within two weeks after the end of my formal participation, I will pay for the replacement of the item. Failure to return equipment or money may result in this matter being given to a Lycoming County District Magistrate for collection.
9. I will obey all training rules and regulations of the school and those set by my coach or advisor. I know that failure to follow the rules could result in loss of game time, suspension for a period of time, or complete removal from the team or removal for 60 days from all activities.
10. *If my son/daughter is reasonably suspected by a school employee of having a drug and/or alcohol problem, I give my permission to the school to have him/her tested at the district's expense.* YES NO

Athlete's Signature Date

Parent/Guardian Signature Date

Eligibility By-Laws

Physical Examination Necessary before Pupil Begins Practice

Section 2: Each Student must complete a comprehensive physical using the attached PIAA CIPPE. 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, prior to participation in the next sports season, complete and turn in to that student's Principal the PIAA Re-Certification by Parent/Guardian form. The Principal, or Principal's designee, of that student's school must review the Supplemental Health History of that student and make a determination as to whether that student should be re-evaluated and re-certified by an Authorized Medical Examiner.

Section 4. Timing. The CIPPE may not be performed earlier than June 1 and shall be effective, regardless of when performed during a school year, until the next May 31.

Age: Maximum Age Rule High School. A student is ineligible for interscholastic athletic competition upon attaining the age of nineteen years, with the following exception: If the age of 19 is attained on or after July 1, the student shall be eligible, age-wise, to compete through that school year. (*This is in regards to their senior year*).

Maximum Age Rule MS/JH. A student of a junior high/middle school wherein interscholastic athletic competition is limited to grades seven and eight shall be ineligible to compete in an Inter-School Practice, Scrimmage, or Contest upon attaining the age of fifteen years, with the following exceptions:

(1) If the age of 15 is attained on or after July 1, the student shall be eligible, age-wise, to compete through that school year. (*for 7th or 8th grade teams*)

(2) If the age of 16 is attained on or after July 1, the student shall be eligible, age-wise, to compete through that school year (*for 7/8/9th grade teams, Wrestling it the only team that fits that criteria in the Jersey Shore Area School District.*)

Period of Participation.

A. Reached the end of the student's fourth consecutive year (8th consecutive semester or the equivalent) beyond the 8th grade year, without regard to the student's period of attendance: (*Once you enter 9th grade you have four years of athletics left your 9, 10, 11, and 12 grade years*).

B. Participated in six seasons beyond the sixth grade or four seasons beyond the eighth grade in any sport; or (*six seasons in any sport start with your 7th grade year, however rule A supersedes that rule if an athlete happens to fail a grade after reaching the 9th grade*)

C. Completed the work of grades nine, ten, eleven, and twelve, inclusive.

Academic Eligibility

All athletes must be passing at least six full credits or the equivalent to be eligible to participate. During the period of academically ineligibility, the following guidelines will be followed: Students may not compete in athletic events, dress in uniform for an athletic event, or travel to away events with the team if it means leaving school early. Attendance at practices is expected.

Code of Conduct

Jersey Shore Area School District Athletics are among the best, and pride themselves in outstanding sportsmanship from not only their coaches and athletes, but also their fans. It is my responsibility to act according to this code.

By My Actions, I will:

- Do my best to be a role model
- Respect all people and property and show it by treating them properly and like a guest or a friend
- Appreciate the efforts of everyone who works or plays here
- Have the courage to say no to tobacco products, alcohol, drugs, fighting, weapons, profane language or gestures
- Speak and act calmly
- Encourage and support others at sporting events
- As a player, coach, or spectator, I am an example for other, showing good sportsmanship in victory and defeat
- Know that competition is a game, not a war
- Know, follow, and appreciate the rules of the game
- Acknowledge good plays by both teams
- Give my best
- Respect teammates, coaches, opponents, spectators, and officials

I understand,

- That participation on Athletic Teams as an athlete is a privilege, not a right
- That being a spectator at Athletic events is a privilege

Must be signed and dated by parent and athlete and returned with Athletic Contract prior to the beginning of any athletic season.

Parents' Names Printed

Parents' Signatures

Date

Athlete's Names Printed

Athlete's Signatures

Date

Pledge adapted from Lycoming Health Improvement Coalition, Inc.

These forms were revised in August 2012 and replace all other forms on this subject

Parent/Guardian Signature

Date

**** All P.I.A.A. rules and regulations will be followed by the Jersey Shore Area School District that applies to the student-athlete and cheerleaders****

CIP2

PLAYER ELIGIBILITY AND EMERGENCY INFORMATION

SCHOOL: _____ SCHOOL YEAR: _____

SPORT: _____ GRADE: _____

ATHLETE/STUDENT INFORMATION

NAME: _____
First Name Middle Name Last Name

MALE FEMALE

DATE OF BIRTH: ____/____/____ AGE AT LAST BIRTHDAY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CHECK THE GRADE YOU PARTICIPATED IN THIS SPORT:

7th 8th 9th 10th 11th 12th

CHECK ANY GRADE THAT YOU HAVE HAD TO REPEAT ACADEMICALLY:

7th 8th 9th 10th 11th 12th

PARENT & EMERGENCY CONTACT INFORMATION:

MOTHER'S INFO:

FATHER'S INFO

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

Contact Person if Parent(s) are not available:

_____ PHONE: _____

I HEREBY AUTHORIZE MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT IN CASE OF INJURY:

SIGNATURE: _____ DATE: _____

**TAPE A COPY OF YOUR MEDICAL INSURANCE CARD HERE
DO NOT STAPLE TO THIS FORM**

JERSEY SHORE AREA SCHOOL DISTRICT

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN

Playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. The dangers and risks of playing or practicing to play/participate in the below marked sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well being. The dangers of and risks of playing or practicing to play/participate in the below marked sport may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

STUDENT

Because of the dangers of participating in the below marked sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Jersey Shore Area School District permitting me to try out for the _____ High School _____ (sport) team and to engage in all activities relating to the team, including but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold the Jersey Shore Area School District, its employees, agents, representatives, coaches, and volunteers harmless of any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ (school) High School _____ (sport) team. The terms hereof shall serve as a release of the assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student

Date

PARENT

I, _____ (your name) am the parent/legal guardian of _____ (student). I have read the warning and release and understand its terms. I understand that all sports can involve RISKS OF INJURY, including but not limited to, those risks outlined. In consideration of Jersey Shore Area School District permitting my child/ward to try out for the _____ (school) High School _____ (sport) team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in _____ (sport). I hereby agree to hold the Jersey Shore Area School District, its employees, agents, representative, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the _____ (school) High School _____ (sport) team. The terms hereof shall serve as a release for my heirs, estate, executor, administration, assignees, and for all members of my family.

Signature of Parent

Date

SPORT (check applicable)

FOOTBALL	SOCCER	BASKETBALL	WRESTLING
TRACK/CC	VOLLEYBALL	CHEERLEADING	GOLF
BASEBALL	SOFTBALL	TENNIS	SWIMMING

Each sport has injuries that are more common for their specific sport. The following sports, Wrestling, Volleyball, Soccer, Football, Basketball, Baseball, Softball, or Track have a sports specific safety notification sheet that explains these.

The sport specific notification agreement explained to us and we understand the list of rules and procedures. We also understand the necessity of use in the proper techniques while participating in the program.

Signature of Student

Signature of Parent

Date

The following need to be completed only if participating in football, wrestling, baseball, or girls softball:

I specifically acknowledge that (indicate sport) _____ is a VIOLENT CONTACT SPORT involving greater risk of injury than other sports. _____ (student initial) _____ (parent initial)



**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 performed 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 must be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION:

Student's Name _____ Male Female

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

Current Physical Address: _____

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

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

EMERGENCY INFORMATION:

Parent/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 DO

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 website 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 material 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 surgeon's 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 a 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 the head | • Feeling sluggish, hazy, foggy, or groggy |
| • Nausea or vomiting | • Difficulty paying attention |
| • Balance problems or dizziness | • Memory Problems |
| • Double or blurry vision | • Confusion |
| • Bothered by light or noise | |

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 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 flow 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 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

Student's Name: _____ Age: _____ Grade: _____

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?	22. Do you regularly use a brace or assistive device?	
2. Do you have an ongoing medical condition (like asthma or diabetes)?	23. Has a doctor ever told you that you have asthma or allergies?	
3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?	25. Is there anyone in your family who has asthma?	
5. Have you ever passed out or nearly passed out DURING exercise?	26. Have you ever had an inhaler or taken asthma medicine?	
6. Have you ever passed out or nearly passed out AFTER exercise?	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	28. Have you had infectious mononucleosis (mono) within the last month?	
8. Does your heart race or skip beats during exercise?	29. Do you have any rashes, pressure sores, or other skin problems?	
9. Has a doctor ever told you that you have (check all that apply) <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> High Blood Pressure Heart murmur High Cholesterol Heart infection </div>	30. Have you ever had a herpes skin infection?	
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	CONCUSSION OR TRAUMATIC BRAIN INJURY 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? 32. Have you been hit in the head and been confused or lost your memory? 33. Do you experience dizziness and/or headaches with exercise?	
11. Has anyone in your family died for no apparent reason?	34. Have you ever had a seizure?	
12. Does anyone in your family have a heart problem?	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	36. Have you ever been unable to move your arms or legs after being hit or falling?	
14. Does anyone in your family have Marfan syndrome?	37. When exercising in the heat, do you have severe muscle cramps or become ill?	
15. Have you ever spent the night in a hospital?	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	
16. Have you ever had surgery?	39. Have you had any problems with your eyes or vision?	
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: 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: 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:		
<div style="display: flex; justify-content: space-between; font-size: small;"> Head Neck Shoulder Upper Arm Elbow Forearm Chest Hip Thigh Knee Ankle Foot/Toes Hand/fingers Upper back Lower back </div>		
20. Have you ever had a stress fracture?	40. Do you wear glasses or contact lenses?	
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	41. Do you wear protective eye wear, such as goggles or a face shield?	
	42. Are you happy with your weight?	
	43. Are you trying to gain or lose weight?	
	44. Has anyone recommended you change your weight or eating habits?	
	45. Do you limit or carefully control what you eat?	
	46. Do you have any concerns that you would like to discuss with a doctor?	
	FEMALES ONLY	
	47. Have you every had a menstrual period?	_____
	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?	_____

#’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/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 15-25:** BP:> 142/92, RP:> 96.

Vision: R 20/____ L 20/____ Corrected: YES NO Pupils: Equal Unequal

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata or 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) Date of CIPPE ____/____/____