

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 seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 by an Authorized Medical Examiner (AME), those Sections must be turned in to 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 latter of the next May 31st or the conclusion of the spring sports season.

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 8 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 9 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

	Male/Female (circle one)
t on Last Birthday: Grade for Cu	rrent School Year:
nt/Guardian Current Cellular Phone # ()
Spring Sport(s): _	
Relation	ship
Emergency Contact Telephone # ()
Relations	ship
Emergency Contact Telephone # ()
Policy Number	
Telephone # ()	
	_, MD or DO (circle one)
Telephone # ()	
they are being prescribed	
	t on Last Birthday: Grade for Cu ht/Guardian Current Cellular Phone # (Spring Sport(s): Relation Emergency Contact Telephone # (Relations Emergency Contact Telephone # (Relations Emergency Contact Telephone # (Telephone # () Telephone # () ician or Other Medical Personnel Shou

SECTION 8: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

	SUPPLEMENTAL	HEALTH HISTORY				
Student's Name				Male/Fe	male (c	ircle one)
Date of Student's Birth:/ Age of Student on Last Birthday: Grade for Current School						
Winter Sport(s):		_ Spring Sport(s):				
CHANGES TO PERSONAL INFORMATION (Ir the original Section 1: PERSONAL AND EMERGE		w, identify any changes	to the Person	al Informatio	on set f	orth in
Current Home Address						
Current Home Telephone # ()	Pa	rent/Guardian Current Ce	llular Phone #	()		
CHANGES TO EMERGENCY INFORMATION in the original Section 1: PERSONAL AND EMER			s to the Emer	gency Infor	nation	set forth
Parent's/Guardian's Name			Relatio	onship		
Parent/Guardian E-mail Address:						
Address		Emergency Contact Tel	ephone # ()		
Secondary Emergency Contact Person's Name			Relati	onship		
Address		Emergency Contact Tel	ephone # ()		
Medical Insurance Carrier		P	olicy Number			
Address		Tele	ephone # ()		
Family Physician's Name				, MD oi	[.] DO (ci	rcle one)
Address		Tele	phone # ()		
 If any SUPPLEMENTAL HEALTH HISTORY quest completed Section 9, Re-Certification by Licensed the student's school. Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to. 1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? An additional note to item #1. if serious illness or serior marked "Yes", please provide additional informati 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? 	Physician of Medic Yes No	 Since complete experienced dizz unconsciousness Since complete experienced any shortness of breat pain? Since complete taking any NEW pills? 	ne, to the Princi tion of the CIPPE zy spells, blackou s? tion of the CIPPE episodes of une ath, wheezing, a tion of the CIPPE prescription med any concerns tha	ipal, or Princip E, have you uts, and/or E, have you explained nd/or chest E, are you dicines or		
#'s Explain yes answers; include inju	iry, type of treatme	nt & the name of the medic	al professional	seen by stude	ent	
I hereby certify that to the best of my knowledg Student's Signature			-	Date/	/	_
I hereby certify that to the best of my knowledge	e all of the informa	tion herein is true and co	mnlete			

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___/__/