

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

PERSONAL INFORMATION Male/Female (circle one) Student's Name ____ Date of Student's Birth: ____/___ Age of Student on Last Birthday: ____ Grade for Current School Year: ____ Current Physical Address)_____ Parent/Guardian Current Cellular Phone # (Current Home Phone # (Fall Sport(s): ______ Winter Sport(s): _____ Spring Sport(s): _____ **EMERGENCY INFORMATION** Parent's/Guardian's Name_____ Relationship Emergency Contact Telephone # (Secondary Emergency Contact Person's Name Relationship ____ _____ Emergency Contact Telephone # ()_____ ____ Policy Number_____ Medical Insurance Carrier _____Telephone # (Address) _____ , MD or DO (circle one) Family Physician's Name_____ Telephone # () Student's Allergies Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware_____ Student's Prescription Medications and conditions of which they are being prescribed

Revised: April 27, 2021 BOD approved

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			
	on his/her last bir	thday, a student o	of		School School		
and a reside	ent of the				public school district,		
	e in Practices, Inter-School						
in the sport(s	s) as indicated by my signa	iture(s) following ti	ne name of the said spor	t(s) approved below			
Fall Sports	Signature of Parent or Guardian	Winter Sports	Signature of Parent or Guardian	Spring Sports	Signature of Parent or Guardian		
Cross	or Guardian	Basketball	or Guardian	Baseball	or Guardian		
Country		Bowling		Boys'			
Field		Competitive		Lacrosse			
Hockey Football		Spirit Squad		Girls'			
Golf		Girls'		<u>Lacrosse</u> Softball			
Soccer		Gymnastics Rifle		Boys'			
Girls'		Swimming		Tennis			
Tennis		and Diving		Track & Field			
Girls'		Track & Field		(Outdoor)			
Volleyball Water		(Indoor)		Boys' Volleyball			
Polo		Wrestling		Other			
Other		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							
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 SignatureDate//							
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 video broadcasts and re-broadcasts, webcasts and 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 SignatureDate//							
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. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.							
Parent's/Gua	ardian's Signature			Da	ate//		
Parent's/Guardian's Signature							
raitill S/GU	aruiairs Siyriature			Da	ite//		

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 traum-participating in interscholastic athletics, including the risks associated with continuing to compete traumatic brain injury.		•	•
Student's Signature	Date	_/	_/
I hereby acknowledge that I am familiar with the nature and risk of concussion and traumaparticipating in interscholastic athletics, including the risks associated with continuing to compete 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) occurs when the heart suddenly and unexpectedly stops beating. 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 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

Are there warning signs?

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

- · Dizziness or lightheadedness when exercising;
- · Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- · Fatigue (extreme or recent onset of tiredness)
- Weakness:
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

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

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, 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 experience a SCA die from it; survival rates are below 10%.

Act 73 - Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. 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 this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

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

PA Department of Health/CDC: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet Acknowledgement of Receipt and Review Form. 7/2012 PIAA Revised October 28, 2020

Section 5: SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student's school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student's participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Releasee, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student's school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student's school, PIAA or any other Releasees in a final judgment arising out or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student's school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student's school athletic plan.

Date:	
Signature of Student	Print Student's Name
Signature of Parent/Guardian Revised – October 7, 2020	Print Parent/Guardian's Nam

Stu	dent's Nam	e			Age	Grade		
			SE	CTION 6:	: HEALTH HISTORY			
_								
	•	es" answers at the bottom of this tions you don't know the answe						
	-	-	Yes	No	22 Liga a dector over told you that you have	Yes	No	
1.		doctor ever denied or restricted your tion in sport(s) for any reason?			23. Has a doctor ever told you that you have asthma or allergies?			
2.		u have an ongoing medical condition ma or diabetes)?			24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?			
3.	•	ou currently taking any prescription or	_	_	25. Is there anyone in your family who has			
	nonpreso or pills?	cription (over-the-counter) medicines			asthma? 26. Have you ever used an inhaler or taken	_	_	
4.	Do yo	u have allergies to medicines,			asthma medicine?			
5.		foods, or stinging insects? you ever passed out or nearly	_		 Were you born without or are your missing a kidney, an eye, a testicle, or any other 			
6	passed of	out DURING exercise?	Ц		organ?			
6.		you ever passed out or nearly out AFTER exercise?			28. Have you had infectious mononucleosis (mono) within the last month?			
7.		you ever had discomfort, pain, or e in your chest during exercise?			29. Do you have any rashes, pressure sores, or other skin problems?			
8.	Does	your heart race or skip beats during			30. Have you ever had a herpes skin			
9.	exercise Has a	? doctor ever told you that you have	_	_	infection? CONCUSSION OR TRAUMATIC BRAIN INJURY			
_		Il that apply):			31. Have you ever had a concussion (i.e. bell			
	•	d pressure			rung, ding, head rush) or traumatic brain injury?			
10.		esterol Heart infection doctor ever ordered a test for your	_	_	32. Have you been hit in the head and been			
	heart? (f	or example ECG, echocardiogram)	ш		confused or lost your memory? 33. Do you experience dizziness and/or			
11.	Has a apparent	nyone in your family died for no reason?			headaches with exercise? 34. Have you ever had a seizure?	-		
12.	Does	anyone in your family have a heart			35. Have you ever had a seizure:		_	
13.	problem' Has a	ny family member or relative been	_	_	weakness in your arms or legs after being hit			
		from heart disease or died of heart or sudden death before age 50?			or falling? 36. Have you ever been unable to move your			
14.	Does	anyone in your family have Marfan			arms or legs after being hit or falling?	_	_	
15.	Syndrom Have	e? you ever spent the night in a	_	_	37. When exercising in the heat, do you have severe muscle cramps or become ill?			
	hospital?	-	Ц	ш	 Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell 			
16. 17.		you ever had surgery? you ever had an injury, like a sprain,			disease?	_	_	
		or ligament tear, or tendonitis, which			39. Have you had any problems with your eyes or vision?			
		rou to miss a Practice or Contest? ircle affected area below:			40. Do you wear glasses or contact lenses?			
18.		you had any broken or fractured dislocated joints? If yes, circle			41. Do you wear protective eyewear, such as goggles or a face shield?			
	below:		_	_	42. Are you unhappy with your weight?			
19.		you had a bone or joint injury that x-rays, MRI, CT, surgery, injections,			43. Are you trying to gain or lose weight?			
	rehabilita	ition, physical therapy, a brace, a	ш		44. Has anyone recommended you change your weight or eating habits?			
Head		crutches? If yes, circle below: Shoulder Upper Elbow Forearm	Hand/	Chest	45. Do you limit or carefully control what you			
Uppe		arm Hip Thigh Knee Calf/shin	Fingers Ankle	Foot/	eat? 46. Do you have any concerns that you would	_	_	
back 20.		you ever had a stress fracture?		Toes	like to discuss with a doctor?			
21.		you been told that you have or have			FEMALES ONLY	<u> </u>		
	you had instability	an x-ray for atlantoaxial (neck)			47. Have you ever had a menstrual period?48. How old were you when you had your first			
22.		u regularly use a brace or assistive			menstrual period?			
	device?				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 SignatureDate//								
l he	reby cert	ify that to the best of my knowledge	all of the	e informa	ation herein is true and complete.			
Pai	Parent's/Guardian's SignatureDate//							

SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

		thorized Medical Examiner (AME) performing the herein named student's comprehensive CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.
	•	Age Grade
		School Sport(s)
		(optional) Brachial Artery BP / (/ , /) RP
If either the brachial artery by primary care physician is rec		(BP) or resting pulse (RP) is above the following levels, further evaluation by the student's
. , , ,		3-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96.
Vision: R 20/ L 20/	_	ted: YES NO (circle one) 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 of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
MUSCULOSKELETAL Neck	NORMAL	ABNORMAL FINDINGS
	NORMAL	ABNORMAL FINDINGS
Neck	NORMAL	ABNORMAL FINDINGS
Neck Back	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder/Arm	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder/Arm Elbow/Forearm	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee	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 reherein named student, and, the student is physically fit to	eviewed the He on the basis of participate in	ABNORMAL FINDINGS ALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the f such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard	eviewed the He on the basis of participate in lian in Section	ALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the f such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLEARE	eviewed the He on the basis of o participate in dian in Section EARED with re-	FALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the f such evaluation and the student's Health History, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLE	eviewed the He on the basis of participate in dian in Section EARED with re- following types or Non-	ALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the f such evaluation and the student's Health History, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: commendation(s) for further evaluation or treatment for: s of sports (please check those that apply):
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLE NOT CLEARED for the COLLISION CONTACT	eviewed the He on the basis of participate in dian in Section EARED with refollowing types	EALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the f such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: commendation(s) for further evaluation or treatment for: s of sports (please check those that apply): CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS
Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLEARED To CLE NOT CLEARED TO CONTACT Due to Recommendation(s)/Reference	eviewed the He on the basis of participate in dian in Section EARED with refollowing types or Non-ral(s)	EALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the f such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: commendation(s) for further evaluation or treatment for: s of sports (please check those that apply): CONTACT STRENUOUS MODERATELY STRENUOUS Non-STRENUOUS

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.

		SUP	PLEMENTA	L HEALT	H HISTORY				
Stud	lent's Name						Male/Fe	male (c	ircle one)
Date	e of Student's Birth://	A	ge of Stude	ent on Las	st Birthday:	Grade for 0	Current Scho	ol Year:	
Wint	er Sport(s):			_ Spring	Sport(s):				
	NGES TO PERSONAL INFORMATION (Ir original Section 1: Personal and Emerge			,	fy any changes to	o the Persor	nal Informati	on set f	orth in
Curr	ent Home Address								
Curr	ent Home Telephone # (Pa	arent/Gua	rdian Current Cellu	ular Phone #	()		
	NGES TO EMERGENCY INFORMATION of the original Section 1: Personal and Emer				ntify any changes	to the Eme	rgency Infor	mation	set forth
Pare	ent's/Guardian's Name					Relation	onship		
Addı	ress			_ Emerg	ency Contact Tele	phone # ()		
Sec	ondary Emergency Contact Person's Name					Relat	ionship		
Addı	ress			Emerge	ency Contact Tele	phone # ()		
	ical Insurance Carrier								
	ress					-			
	ily Physician's Name					•			
								•	,
	ress								
com the s Expl	y SUPPLEMENTAL HEALTH HISTORY ques pleted Section 9, Re-Certification by Licensed student's school. ain "Yes" answers at the bottom of this form. e questions you don't know the answers to.	d Physic				e, to the Prince	ipal, or Princ		
	Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a	163	140	4.	unconsciousness? Since completion experienced any e	on of the CIPP episodes of un	E, have you explained		
	licensed physician of medicine or osteopathic medicine?			_	shortness of breat pain?				
	dditional note to item #1. if serious illness or serion marked <u>"Yes", please provide additional informati</u>			5.	Since completion taking any NEW p			П	П
	Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?			6.	pills? Do you have an like to discuss with				
#'s	Explain yes answers; include inju	ury, typ	e of treatme	ent & the n	ame of the medical	professional	seen by stud	ent	
l her	eby certify that to the best of my knowledg	ie all of	the inform	ation her	ein is true and con	nplete.			
	ent's Signature					•	Date/_	/	_
	reby certify that to the best of my knowledg	e all of	the inform	ation her	ein is true and con	nplete.	Date/_		_

Section 9: Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 9 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 6 and 7 of the herein named student's previously completed CIPPE Form. Section 8 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 8.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name:	Age Grade
Enrolled in	School
Condition(s) Treated Since Completion of the Herein Named	Student's CIPPE Form:
date set forth below, I hereby authorize the above-identified	injury, which requires medical treatment, subsequent to the student to participate for the remainder of the current school s, except those, if any, set forth in Section 7 of that student's
Physician's Name (print/type)	License #
Address	Phone ()
Physician's Signature	MD or DO (circle one) Date
set forth below, I hereby authorize the above-identified stud	ry, which requires medical treatment, subsequent to the date ent to participate for the remainder of the current school year e restrictions, if any, set forth in Section 7 of that student's
1	
2	
3	
4	
Physician's Name (print/type)	License #
Address	Phone ()
Physician's Signature	MD or DO (circle one). Date

Section 10: CIPPE MINIMUM WRESTLING WEIGHT

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME. Student's Name _____ Age_____ Enrolled in **INITIAL ASSESSMENT** I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows: Urine Specific Gravity/Body Weight / Percentage of Body Fat MWW Assessor's Name (print/type)_______Assessor's I.D. #______ Date / / Assessor's Signature **CERTIFICATION** Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of _____ during the 20____ - 20___ wresting season. License #_____ AME's Name (print/type) Phone (MD, DO, PAC, CRNP, or SNP Date of Certification ___/__/ AME's Signature (circle one)

NOTES

For an appeal of the Initial Assessment, see NOTE 2.

- 1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15th and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.
- 2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.