



GOVERNOR MIFFLIN ATHLETICS
PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION
PHYSICAL EVALUATION (CIPPE) FORM

INSTRUCTIONS

Pennsylvania Interscholastic Athletic Association (PIAA) mandates:

Prior to any student participating in practices, inter-school practices, scrimmages, and/or contests, the student is required to complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) **performed and signed by an approved medical examiner. Approved medical examiners are limited to only a licensed physician of medicine (MD), osteopathic medicine (DO), physician's assistant (PA), or nurse practitioner (CRNP).**

Instructions:

- Parent/guardian needs to fill out the first three sections.
- Parent/guardian needs to sign where indicated on section 2 and 3 and answer all questions.
- Name of insurance is needed on section 1.
- CIPPE must **be performed and signed by an authorized medical examiner. Authorized medical examiners are limited to a licensed physician of medicine or osteopathic medicine, physician's assistant, or certified nurse practitioner.**
- Only one CIPPE is needed per school year but it must be performed and signed on or after **June 1st** of that school year and it is valid until the following May 31st. For example, a student playing a sport for the 2010-2011 school year needs to have one CIPPE dated on or after June 1, 2010 which would then be good for the entire 2010-2011 school year up until May 31st 2011. Except for fall sports, pre participation physicals must be performed within **six weeks** prior to the start of the season. Physicals performed beyond six weeks will need to be recertified.
- **Recertification**-Athletes playing multiple sports in a school year or who have had their initial CIPPE prior to six weeks to the start of the season, will need to have their original physical recertified for those sports. Parents/guardian will need to complete a **CIPPE recertification form** (Section 5) and turn it in to the Athletic Training Office within six weeks prior to the start of the season. In accordance with PIAA guidelines, the athletic training staff will evaluate and recertify eligible physicals. There will be instances (e.g. injury, illness or change in health status) that the athlete may need to be referred to and recertified by a physician (Section 6).
- Governor Mifflin School District will offer at least one physical for each sport season (fall, winter, spring). If the school physical can not be attended by the athlete, then the athlete, parent/guardian must make their own arrangements for a physical at their expense.

Questions or concerns can be directed to:

Glenn Thompson M.Ed., ATC, CSCS, CES, PES
Heather Bratton M.Ed., ATC, CES, PES
610-775-9456 ext. 6736
Certified Athletic Trainers
Governor Mifflin School District.

GOVERNOR MIFFLIN ATHLETICS
PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION (CIPPE)
PARENT / GUARDIAN CONSENT

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

INITIAL EVALUATION: PIAA mandates prior to any student participating in practices, scrimmages, and/or contests, in the student's *first* sport in a school year, the student is required to undergo a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) by an authorized medical provider (MD, DO, PA, CRNP). **The CIPPE can not be performed before June 1st of that school year** and is valid until the following May 31st. Except for fall sports, the CIPPE must be performed within *six weeks* prior to the start of the season. Physicals performed beyond six weeks will need to be recertified (see below). A parent/guardian must complete the first three sections of the CIPPE form and an authorized medical provider must complete Section 4. The CIPPE form must be turned in to the Certified Athletic Trainer of the student's school for retention by the school.

RECERTIFICATION & MULTIPLE SPORTS IN THE SAME SCHOOL YEAR: After a student has already completed a CIPPE for a school sport, and is seeking to participate in practices, scrimmages, and/or contests in subsequent sport(s) in the same school year, or whose CIPPE was not performed within 6 weeks prior to the start of the season must complete Section 5- **CIPPE Recertification Form**. The recertification form must be turned in to the Certified Athletic Trainer within six weeks prior to the start of the season. As per PIAA guidelines, The Certified Athletic Trainer, will then determine whether re-examination and recertification will be needed by authorized medical provider (MD, DO, PA, CRNP). (Section 6).

SECTION 1: PERSONAL INFORMATION AND EMERGENCY INFORMATION:

Name _____ Grade _____ Sport _____

Date of Birth _____ Age _____ Sex _____

Current Address _____

Home Phone (____) _____ Parent/Guardian Cell Phone (____) _____

Emergency Information

Emergency Contact _____ Relationship _____

Emergency Contact Phone H (____) _____ W (____) _____ C (____) _____

Emergency Contact 2 _____ Relationship _____

Emergency Contact 2 Phone H (____) _____ W (____) _____ C (____) _____

Family Physician _____

Student's Prescription Medications _____

Student's Allergies _____

Student's Health Conditions the Athletic Training Staff , attending physician and medical personnel should be aware

It is school policy that all student athletes are covered in full by medical insurance

Medical insurance Carrier _____

SECTION 2: PARENT/GUARDIAN CERTIFICATION, CONSENT AND ACKNOWLEDGEMENT OF RISK

A: PARENT/ GUARDIAN CERTIFICATION AND CONSENT

I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student and 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.

Sport	Signature of Parent or Guardian	Date
Baseball (Spring)	_____	_____
Basketball (Winter)	_____	_____
Bowling (Winter)	_____	_____
Cheerleading	_____	_____
Cross Country (Fall)	_____	_____
Field Hockey (Fall)	_____	_____
Football (Fall)	_____	_____
Golf (Fall)	_____	_____
Lacrosse (Spring)	_____	_____
Soccer	_____	_____
Softball (Spring)	_____	_____
Swimming & Diving	_____	_____
Tennis	_____	_____
Track & Field (Spring)	_____	_____
Volleyball	_____	_____
Water Polo (Fall)	_____	_____
Wrestling (Winter)	_____	_____

B. ELIGIBILITY RULES, PARENT ACKNOWLEDGMENT OF RISK, & DISCLOSURE OF RECORDS

Please indicate Yes (Y)

- Y N 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.
- Y N I grant permission for medical personnel, at their discretion, to release my child's school health record & medical information, including but not limited to information from the health history, physical evaluation, and injury evaluation by physicians to those individuals deemed necessary by the medical personnel.
- Y N I acknowledge there is a risk of injury associated with athletic competition and that these injuries can be serious and catastrophic such as concussions, permanent disability and death.
- Y N I authorize the attending medical personnel e.g. Certified Athletic Trainer, physician, and/or EMS, to respond to and tend to injuries sustained as a result of athletic competition. 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.
- Y N 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 and age records, name and residence of parent/guardian or pupil, attendance, grades and academic work.
- Y N I acknowledge that the student is fully covered by medical insurance and I am responsible for expenses incurred as a result of injury while participating in Governor Mifflin Athletics.

Parent/Guardian Signature: _____ **Date** ____/____/____

**SECTION 4: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by an approved medical provider (MD, DO, PA, CRNP) performing the herein named student's comprehensive initial pre-participation physical evaluation and turned in to the Certified Athletic Trainer of the student's school.

Student's Name _____ Age _____ Grade _____
 Enrolled in _____ School _____ Sport(s) _____
 Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)
 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		
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 and further certify that the student does not have any communicable illness or condition, which would pose a danger to teammates and/or competitors:

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) _____

Authorized Medical Examiner's Name _____ (print/type) License # _____

Address _____ Phone (_____) _____

Authorized Medical Examiner's Signature _____ MD, DO, PA, CRNP (circle one) Date _____ / _____ / _____