

SECTION 5: PIAA *RE-CERTIFICATION* BY PARENT/GUARDIAN

This form must only be completed by the parent/guardian of any student who (1) previously participated in PIAA interscholastic athletic competition and completed a Comprehensive Initial Pre-Participation Physical Evaluation (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. The Certified Athletic Trainer must review the SUPPLEMENTAL HEALTH HISTORY and make a determination as to whether the student should be re-evaluated and re-certified by a licensed physician of medicine or osteopathic medicine.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Age _____ Grade _____

SUBSEQUENT SPORT(S) TO BE PLAYED: _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Comprehensive Initial Pre-Participation Examination form, Section 1: PERSONAL AND EMERGENCY INFORMATION). ***PLEASE LIST CHANGES ONLY:***

Current Home Address _____

Current Telephone # H(____) _____ W(____) _____ C(____) _____

CHANGES TO EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____

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

Emergency Contact 2 _____ Relationship _____

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

Family Physician _____

Family Physician Address _____

Medical Insurance Carrier _____

SUPPLEMENTAL 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. Have you sustained an illness and/or injury related to sport(s) since completion of CIPPE?	Y	N	6. Have suffered an illness or injury that resulted in surgery?	Y	N
2. Have you sustained an illness and/or injury NOT related to sport(s) since completion of CIPPE?	Y	N	7. Have you experienced dizzy spells, blackouts, and/or unconsciousness?	Y	N
3. Have you been confined to an institution and/or at home as a result of an illness and/or injury since completion of the CIPPE?	Y	N	8. Have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?	Y	N
4. Have you had surgery since completion of the CIPPE?	Y	N	9. Are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills since completion of the CIPPE?	Y	N
5. Have you developed any NEW health problems since your last physical?	Y	N	10. Do you have any concerns that you would like to discuss with a doctor?	Y	N

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 ____ / ____ / ____

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

**Section 6: PIAA COMPREHENSIVE PRE-PARTICIPATION PHYSICAL *RE-EVALUATION*
AND *RE-CERTIFICATION* BY AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by 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 SUPPLEMENTAL HEALTH HISTORY, performed a physical re-evaluation of the herein named student, and, on the basis of such re-evaluation and the student's SUPPLEMENTAL 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 5 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 _____ / _____ / _____