

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 the student's first sport in a school year, the student is required to complete a physical evaluation. Those students who choose to undergo a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) must have the appropriate person(s) complete the first four Sections of the CIPPE form. Upon completion of Sections 1 and 2 by the parent/guardian, and Section 4 by an Authorized Medical Examiner, those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. Upon completion, Section 3 may be retained by the student and/or the student's Authorized Medical Examiner.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: A student completing a CIPPE, and seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 5 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, of the student's school will then determine whether Section 6 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age _____ Grade _____

Current Physical Address _____

Current Home Telephone # () _____ Current Cellular Telephone # () _____

EMERGENCY INFORMATION

Emergency Contact Person's Name _____ Relationship _____

Address _____ Telephone () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis pneumococcal; meningococcal; varicella):

Up to date (see attached documentation)

Not up to date Specify _____
