

SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER (NOT VALID UNLESS DATED BY MEDICAL EXAMINER ON OR AFTER JUNE 1ST EACH SCHOOL YEAR)

PLEASE TYPE OR COMPLETE IN BLACK INK PRIOR TO PHYSICAL

Student's Date of Birth _____

Student's Name _____

Age _____

Grade _____

Enrolled in **Tulpehocken Jr / Sr High** School Sports to be played _____

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned into the Principal, or the Principal's designee, of the student's school.

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP ____/____ (____/____) Resting Pulse _____
If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended. **Age 10-12:** BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

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		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
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:

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 _____

Recommendations(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one)

Certification Date of CIPPE ____/____/____

NOT VALID UNLESS DATED BY AUTHORIZED MEDICAL EXAMINER ON OR AFTER JUNE 1ST OF EACH SCHOOL YEAR