

**SECTION 5: 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.   |     |    | 23.   |     |    |
| 2.   |     |    | 24.   |     |    |
| 3.   |     |    | 25.   |     |    |
| 4.   |     |    | 26.   |     |    |
| 5.   |     |    | 27.   |     |    |
| 6.   |     |    | 28.   |     |    |
| 7.   |     |    | 29.   |     |    |
| 8.   |     |    | 30.   |     |    |
| 9.   |     |    | <b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b> |     |    |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection |     |    | 31.   |     |    |
| 10.  |     |    | 32.   |     |    |
| 11.  |     |    | 33.   |     |    |
| 12.  |     |    | 34.   |     |    |
| 13.  |     |    | 35.   |     |    |
| 14.  |     |    | 36.   |     |    |
| 15.  |     |    | 37.   |     |    |
| 16.  |     |    | 38.   |     |    |
| 17.  |     |    | 39.   |     |    |
| 18.  |     |    | 40.   |     |    |
| 19.  |     |    | 41.   |     |    |
| 20.  |     |    | 42.   |     |    |
| 21.  |     |    | 43.   |     |    |
| 22.  |     |    | 44.   |     |    |
|  |     |    | 45.   |     |    |
|  |     |    | 46.   |     |    |
|  |     |    | <b>FEMALES ONLY</b>                         |     |    |
|  |     |    | 47.   |     |    |
|  |     |    | 48.   |     |    |
|  |     |    | 49.   |     |    |
|  |     |    | 50.   |     |    |

| #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 Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

**Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION  
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

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 in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_) RP \_\_\_\_\_

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<br><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 \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Authorized Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_