

*TO: All Moon Area Student-Athletes and Parents/Guardians*

*DATE: January 19, 2012*

*SUBJECT: 2012 Spring Physical Procedure FROM: Ricci Rich – Director of Athletics*

The Pennsylvania Interscholastic Athletic Association (PIAA) has instituted a procedure whereby all student-athletes are mandated to have a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) completed by an authorized medical examiner. All student-athletes are required to complete the PIAA physical examination known as CIPPE prior to the start of their sports season. All students interested in participating in athletics at Moon Area for the 2011-2012 school year are required **complete the entire Initial Physical Packet**. The Initial Packet is available in all school offices. **ONLY THESE FORMS WILL BE ACCEPTED, NO SUBSTITUTIONS.**

To be eligible to play a spring sport during the 2012 season, the initial CIPPE physical evaluation form must be completed no earlier than January 23, 2012, unless you participated in a fall or winter sport. This comprehensive evaluation can be performed at your family physician's office or with our school doctor. If you decide to have your primary care physician perform the physical evaluation, please check to ensure that the proper physical packet is completed, other forms or physicals **CANNOT BE ACCEPTED**. When making an appointment with your family doctor, please take all physical forms to the authorized medical examiner and have him/her fill out Section 4 of the evaluation. When a student is participating in a second or third sport throughout the school year, they do not need to obtain a new physical for the subsequent sports. **The physicals will be performed at Moon Middle School. The cost is \$10 per athlete. Checks should be made payable to: MASD – Please write physicals in note area**

**On the dates below, we will be conducting physicals for WINTER ACTIVITIES ONLY.**

**Schedule for SPRING School Physicals**

**Saturday, February 18, 2012**

Boys Grades 7-12 @ 1:00-2:00

Girls Grades 7-12 @ 2:00-3:00

Everyone must arrive prior to 2:30

All forms must be sent directly to the Athletic Office, not the coach, prior to participation. Physicals turned in at the last minute may result in the student not being permitted to practice or to participate in tryouts. Such delays may result in a loss of tryout time or perhaps losing the opportunity to tryout completely. Once the physical is turned into the Athletic Office and reviewed for satisfactory completion, the student will be granted permission to participate in athletics. When a student-athlete has a desire to participate in a sport that has roster reductions or cuts, it is imperative that they have all of their paperwork submitted in a timely fashion.

For any athlete participating in multiple sports seasons, please follow the guidelines above for the initial CIPPE for the first sport season. **For the 2<sup>nd</sup> or 3<sup>rd</sup> sport season, the parent/guardian and student will need to re-certify their contact information and health assessment, which include Sections 1(Emergency Contact Info) & 5(PIAA Re-Certification).** Your doctor does not need to re-certify any information unless there has been a change in the student-athlete's health or if he/she has sustained a serious injury since the initial evaluation.

**PIAA COMPREHENSIVE RE-CERT  
PRE-PARTICIPATION PHYSICAL EVALUATION**

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**INITIAL EVALUATION:** Prior to any student participating in 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 (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first four Sections of the CIPPE Form. Upon completion of Sections 1, 2, and 3 by the parent/guardian, and Section 4 by an Authorized Medical Examiner, those Sections must be turned in to the Athletic Director for retention by the school. The CIPPE shall be performed no earlier than June 1, 2011 and shall be effective for one school-year

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**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

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2012 SPRING SPORT \_\_\_\_\_ Previous SPORT \_\_\_\_\_

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SPRING SPORT LEVEL: JV/VARSITY 9<sup>th</sup> 7/8 Date of Birth \_\_\_\_\_

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Student's Name \_\_\_\_\_ Gender: M / F Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender: M / F Grade \_\_\_\_\_

Current Physical Address \_\_\_\_\_

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_

Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

**EMERGENCY INFORMATION**

**EMERGENCY INFORMATION**

Primary Emergency Contact Person's Name \_\_\_\_\_

Primary Emergency Contact Person's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Telephone # ( ) \_\_\_\_\_

Emergency Contact Telephone # ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO

Family Physician's Name \_\_\_\_\_, MD or DO

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Allergies \_\_\_\_\_

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

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

Student's Prescription Medications \_\_\_\_\_

Student's Prescription Medications \_\_\_\_\_

**YOU MUST COMPLETELY FILL OUT BOTH COPIES/SIDES OF THE ABOVE FORM FOR RECORDS – They get split**

**SECTION 2: CERTIFICATION OF PARENT/GUARDIAN**

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

**A.** I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of Moon Area School District, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 2011 - 2012 school year in the sport as indicated by my signature(s) following the name of the said sport(s) approved below.

Sport	Signature of Parent or Guardian
Boys Baseball (Spring)	
Girls Softball (Spring)	
Boys Tennis (Spring)	
Swimming & Diving (Spring)	
Track & Field (Spring)	
Boys Volleyball (Spring)	
Lacrosse (Spring)	

**B. Understanding of eligibility rules:** 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](http://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.

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

**C. Disclosure of records needed to determine eligibility:** 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.

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

**D. Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

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

**E. Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. 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.

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

**F. Understanding of risk of concussion and head injury:** I hereby acknowledge that I am familiar with the nature and risk of concussion and head injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or head injury. Information relevant to concussion in high school sports is available on the PIAA Web site at [www.piaa.org/piaa-for/sports-med](http://www.piaa.org/piaa-for/sports-med).

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

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

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 6, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**SUPPLEMENTAL HEALTH HISTORY**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

SPRING SPORT \_\_\_\_\_

SPRING SPORT LEVEL: JV/VARSITY 9<sup>th</sup> 7/8

**SUPPLEMENTAL HEALTH HISTORY:**

Last Sport Participated In \_\_\_\_\_

Explain "Yes" answers at the bottom of this form.

Last Sport Level: JV/VARSITY 9<sup>th</sup> 7/8

Circle questions you don't know the answers to.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or head injury?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Since completion of the CIPPE, are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any concerns that you would like to discuss with a physician?   | <input type="checkbox"/> | <input type="checkbox"/> |

#'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 \_\_\_\_/\_\_\_\_/\_\_\_\_

For additional information about Sports Medicine, Athletic Injuries and Concussions, please visit our Moon Sports Medicine site on our Athletic Website

[http://www.edline.net/pages/Moon\\_HS/New\\_Edline\\_group\\_\\_Jones\\_Prevos/Sports\\_Medicine](http://www.edline.net/pages/Moon_HS/New_Edline_group__Jones_Prevos/Sports_Medicine)