

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

DATE: January 4, 2010

SUBJECT: 2009 – 2010 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 2009 – 2010 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 2009 – 2010 school year, the initial CIPPE physical evaluation form must be completed no earlier than January 25, 2009, 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. Please note – students who are participating in winter or spring sports should have their initial physicals conducted within 6 weeks of the start of their season. 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 SPRING ACTIVITIES ONLY.

Schedule for SPRING School Physicals

Friday, February 19, 2010 Saturday, February 20, 2010

Boys-Grades 7-12 @3:00-4:30

Girls-Grades 7-12 @ 9:00-10:00

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 2nd or 3rd 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 INITIAL 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 May 29th, 2009 and shall be effective for one school-year

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SECTION 1: PERSONAL AND EMERGENCY INFORMATION

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SPRING SPORT _____ LAST SPORT _____

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SPRING SPORT LEVEL: JV/VARSITY 9th 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

Primary Emergency Contact Person's Name _____

EMERGENCY INFORMATION

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 _____

PLEASE BE SURE TO COMPLETELY FILL OUT BOTH COPIES OF THE ABOVE FORM FOR RECORDS

SECTION 5: PIAA RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed by the parent/guardian of any student who (1) completed a Comprehensive Initial Pre-Participation Physical Evaluation after May 29th, 2009 for participation in the student's first sport season of the current school year; AND (2) is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in SUBSEQUENT sport(s) in the same school year (WINTER OR SPRING). The Principal/Principal's designee must review the SUPPLEMENTAL HEALTH HISTORY and make a determination as to whether the student should be re-evaluated and re-certified by an Authorized Medical Examiner pursuant to Section 6.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Birth Date: _____ Grade _____

Current Home Address _____

Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

SPRING SPORT _____

Last Sport Participated In _____

SPRING SPORT LEVEL: JV/VARSITY 9th 7/8

Last Sport Level: JV/VARSITY 9th 7/8

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Have you sustained an illness and/or injury related to sport(s) since completion of the CIPPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you sustained an illness and/or injury NOT related to sport(s) since completion of the CIPPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had surgery since completion of the CIPPE? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 5. Have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you experienced any new health problems since completion of the CIPPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills since completion of the CIPPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any concerns that you would like to discuss with a doctor? | <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 ____/____/____

NOTE: If any **SUPPLEMENTAL HEALTH HISTORY** questions are either checked yes or circled, the Principal, or Principal's designee, of the herein named student's school shall require the student to complete Section 6 prior to being eligible to participate in sport(s) identified above.

THE STUDENT'S PARENT/GUARDIAN MUST COMPLETE ALL THE FOLLOWING:

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 2009 - 2010 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
Baseball (Spring)	
Softball (Spring)	
Swimming 7/8 (Spring)	
Boys Tennis (Spring)	
Track & Field (Spring)	
Boys Volleyball (Spring)	

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