	SE	CTION	5: HEALTH HISTORY		
plain "Yes" answers at the bottom of this	form.		A CONTRACTOR OF THE CONTRACTOR		
cle questions you don't know the answer					
	Yes	No		Yes	No
Has a doctor ever denied or restricted your participation in sport(s) for any reason?			23. Has a doctor ever told you that you have		
Do you have an ongoing medical condition		_	asthma or allergies? 24. Do you cough, wheeze, or have difficulty		
(like asthma or diabetes)?			breathing DURING or AFTER exercise?		
Are you currently taking any prescription or			Is there anyone in your family who has		
nonprescription (over-the-counter) medicines or pills?			asthma? 26. Have you ever used an inhaler or taken	Land	_
Do you have allergies to medicines,			asthma medicine?		
pollens, foods, or stinging insects?	<u></u>		27. Were you born without or are your missing	_	-
Have you ever passed out or nearly passed out DURING exercise?			a kidney, an eye, a testicle, or any other organ?		
Have you ever passed out or nearly			28. Have you had infectious mononucleosis	_	
passed out AFTER exercise?			(mono) within the last month?		
Have you ever had discomfort, pain, or pressure in your chest during exercise?			29. Do you have any rashes, pressure sores, or other skin problems?		
Does your heart race or skip beats during			30. Have you ever had a herpes skin		
exercise?	ч	لنا	infection?		
Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY 31. Have you ever had a concussion (i.e. bell		
High blood pressure			rung, ding, head rush) or traumatic brain		
High cholesterol ☐ Heart infection			injury?	-	******
Has a doctor ever ordered a test for your		_	32. Have you been hit in the head and been confused or lost your memory?		
heart? (for example ECG, echocardiogram)			33. Do you experience dizziness and/or		
Has anyone in your family died for no apparent reason?			headaches with exercise?		
Does anyone in your family have a heart		[34. Have you ever had a seizure?		
problem?			 Have you ever had numbness, tingling, or weakness in your arms or legs after being hit 		
Has any family member or relative been disabled from heart disease or died of heart			or falling?		
problems or sudden death before age 50?		-	Have you ever been unable to move your		
Does anyone in your family have Marfan			arms or legs after being hit or falling? 37. When exercising in the heat, do you have		-
Syndrome? Have you ever spent the night in a	. —	<u> </u>	severe muscle cramps or become ill?		
hospital?			38. Has a doctor told you that you or someone	-	_
Have you ever had surgery?	<u></u>		in your family has sickle cell trait or sickle cell disease?		
Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which			39. Have you had any problems with your	_	
caused you to miss a Practice or Contest?			eyes or vision?		Ш
If yes, circle affected area below:			40. Do you wear glasses or contact lenses?		
Have you had any broken or fractured bones or dislocated joints? If yes, circle		\Box	41. Do you wear protective eyewear, such as		
below:		q	goggles or a face shield? 42. Are you unhappy with your weight?	_	
Have you had a bone or joint injury that			43. Are you trying to gain or lose weight?	y	
required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
cast, or crutches? If yes, circle below:	. *		44. Has anyone recommended you change your weight or eating habits?		
Neck Shoulder Upper Elbow Forearm	Hand/ Fingers	Chest	45. Do you limit or carefully control what you		
arm er Lower Hip Thigh Knee Califshin	Ankle	Foot	eat? 46. Do you have any concerns that you would		
back Have you ever had a stress fracture?		Toes	like to discuss with a doctor?		
Have you been told that you have or have		<u>—</u>	MENSTRUAL QUESTIONS- IF APPLICABLE		
you had an x-ray for atlantoaxial (neck)			47. Have you ever had a menstrual period?	_	
instability?			48. How old were you when you had your first	Appendix.	- tend
Do you regularly use a brace or assistive device?			menstrual period?		
			49. How many periods have you had in the last 12 months?		
			50. When was your last menstrual period?		
#'s		<u> </u>	Explain "Yes" answers here:		

	the state of the s			
I hereby certify that to the best o	f my knowledge all of the information herein is true and complete.			
Student's Signature		Date	_//_	
I hereby certify that to the best o	f my knowledge all of the information herein is true and complete.			
Parent's/Guardian's Signature			Date	1

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

initial pre-participation physic	ned by the Aucal evaluation (ithorized Medical Examii (CIPPE) and turned in to t	ner (AME) per the Principal, c	rforming the	ne herein nan cipal's designe	ned student's comprehensive
Student's Name		•			Age	Grade
Enrolled in		School	Sport(s) _			Olddo
						,) RP
If either the brachial artery	blood pressure	(BP) or resting pulse (i	RP) is above	the following	ng levels, fur	her evaluation by the student
primary care physician is red Age 10-12: BP: >126/82, RF	ommended,					
Vision: R 20/ L 20/	Correct	ted: YES NO (circle o	.00; Age 16-2: ne)	5: BP: >14	2/92, RP >96.	
	NORMAL	(3		NORMAL F		
Appearance						
Eyes/Ears/Nose/Throat						
Hearing						
Lymph Nodes						
		Hoort murmur D. Fa.	to a columnia a column			
Cardiovascular		Heart murmur Fer Physical stigmata of M			tic coarctation	
Cardiopulmonary				***************************************		
Lungs						
Abdomen						
Genitourinary (males only)				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Neurological						
Skin						
MUSCULOSKELETAL	NORMAL		ABN	ORMALF	INDINGS	
Neck						
Back						
Shoulder/Arm		ta t				
Elbow/Forearm		<u> </u>				
Wrist/Hand/Fingers				- MULL		
Hip/Thigh						
Knee						
Leg/Ankle				• .	····	
Foot/Toes						
	viouad the Ur	ALTEL MOTORY				
nereni nameu siuueni, anu, (participate in F	Such evaluation and the Practices. Inter-School Pr	student's HE	ALTH HISTO	ORY, certify the	ion physical evaluation of the at, except as specified below, s in the sport(s) consented to Evaluation form:
		commendation(s) for furth				
NOT CLEARED for the						
☐ COLLISION ☐ CONTAC		CONTACT STRENUC			STRENUOUS	☐ Non-strenuous
Due to	· · · · · · · · · · · · · · · · · · ·					— NON-STRENOOOS
Recommendation(s)/Referr				· · · · · · · · · · · · · · · · · · ·		
AME's Name (print/type)			ini		1	icense #
Address		ID, DO, PAC, CRNP, or SNI	2 (circle and)	Phone	1 1	