

PIAA Sports Physicals Checklist for Form

Revised: April 27, 2021 BOD approved

DO I NEED A PHYSICAL FORM OR A RECERT?

PIAA regulations require **ALL** student-athletes to have a comprehensive sports physical done for **EACH** school year. To participate in a PIAA sport during the **2021-2022** school year, you must have a physical done by your personal doctor.

HAVE I DONE THIS?

- **No!** Then, turn in your completely filled out **Physical form** (PIAA CIPPE form, Sections 1-7).
- **Yes!** Then turn in your completely filled out **Recertification form** (PIAA CIPPE form, Section 8 or 9).

DON'T MISS ANY PRACTICES; DON'T HAVE YOUR FORM REJECTED!
Make sure the following **ARE COMPLETED BEFORE TURNING IN!**

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INSTRUCTIONS FOR FILLING OUT FORMS

PHYSICAL FORM:



= parent to complete



= student AND parent to complete



SECTION 1: PERSONAL AND EMERGENCY INFORMATION – Please make sure the following are completed: (check off as completed)

- Student's Name
- Student's Date of Birth
- Student's Current address
- Parent's/Guardian's Home or Cell Phone Number(s)
- The sport(s) student wants to participate in listed in the correct season (*reference Section 2*)
- Emergency Information



SECTION 2: CERTIFICATION OF PARENT/GUARDIAN – Please make sure the following are completed: (check off as completed)

Part A.

- Make sure Student's name is listed
- Make sure student's DOB is listed
- Make sure student's age is listed
- Make sure the name of the school the student is attending is listed
- Make sure the **SIGNATURE of parent/guardian** is in the box(es) next to sport(s) student will participate in for the school year



SECTION 2: CERTIFICATION OF PARENT/GUARDIAN continued.....

Parts B-F:

- Make sure **SIGNATURES of the Parent/Guardian** are there
- Make sure the **DATE** form is signed is listed



SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY– Please make sure the following are completed: (check off as completed)

- Make sure **STUDENT'S SIGNATURE** AND **DATE SIGNED** is listed
- Make sure **PARENT/GUARDIAN'S SIGNATURE** AND **DATE SIGNED** is listed



SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYSTEMS AND WARNING SIGNS (check off as completed)

- Make sure **STUDENT'S SIGNATURE**, **PRINTED NAME**, AND **DATE SIGNED** is listed
- Make sure **PARENT/GUARDIAN'S SIGNATURE**, **PRINTED NAME**, AND **DATE SIGNED** is listed



SECTION 5: SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19 (check off as completed)

- Make sure **STUDENT'S SIGNATURE**, **PRINTED NAME**, AND **DATE SIGNED** is listed
- Make sure **PARENT/GUARDIAN'S SIGNATURE**, **PRINTED NAME**, AND **DATE SIGNED** is listed

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SECTION 6: HEALTH HISTORY- PARENTS TO FILL OUT HISTORY INFORMATION (check off as completed)

- Make sure student's name, age and grade are listed across top of page
- Make sure any "YES" answers are explained in the box provided
- Make sure **STUDENT'S SIGNATURE** , **PRINTED NAME**, AND **DATE SIGNED** is listed
- Make sure **PARENT/GUARDIAN'S SIGNATURE** , **PRINTED NAME**, AND **DATE SIGNED** is listed

TO MAKE SURE YOUR PHYSICAL CAN BE SUCCESSFULLY PROCESSED AND YOUR NAME CAN BE ADDED TO THE PIAA ELIGIBILITY CERTIFICATE WITHOUT ANY DELAY, PLEASE MAKE SURE THE FOLLOWING ARE LISTED ON YOUR FORM'S SECTION 7 **BEFORE TURNING IN YOUR PHYSICAL TO YOUR SCHOOL'S NURSE OR THE HS MAIN OFFICE:**

SECTION 7: PHYSICAL EXAM FILED OUT BY THE DOCTOR- BEFORE TURNING FORM IN:

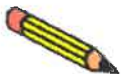
- Make sure student's name and personal information is filled out
- Make sure a **BOX** (Cleared, Cleared with Recommendations, or Not Cleared) is checked off
- Make sure **AME'S NAME** is **PRINTED**
- Make sure **AME'S LICENSE #** is listed
- Make sure **AME'S ADDRESS** is listed
- Make sure **AME'S PHONE #** is listed
- Make sure **AME'S SIGNATURE** is listed
- Make sure the **DATE** the form is filled out is listed

RECERTIFICATION FORM:

DO I FILL OUT SECTION 8 OR 9?

Before filling out the top of Section 8, *FIRST read* the SUPPLEMENTAL HEALTH HISTORY questions (the 6 questions at the bottom of the page). If you answered:

- **Yes** to any of the questions, fill out **Section 9**
- **No** to any of the questions, complete **Section 8**



Section 8- student AND parent to complete

Section 9- Licensed Physician of Medicine or Osteopathic Medicine to complete