			SEC	CTION 6	: HEALTH	His	STORY		
Explain "Yes" answers at the bottom of this form.									
		tions you don't know the answe							
		4-0-	Yes	No				Yes	No
1.		doctor ever denied or restricted your ion in sport(s) for any reason?				23.	Has a doctor ever told you that you have asthma or allergies?		
2.		have an ongoing medical condition				24.	Do you cough, wheeze, or have difficulty		policina
0		ma or diabetes)?	_			25	breathing DURING or AFTER exercise?		_
3.		u currently taking any prescription or ription (over-the-counter) medicines				25.	Is there anyone in your family who has asthma?		
Heri	or pills?	a resus disvisatenza Acciver grava		Phare S		26.	Have you ever used an inhaler or taken		
4.		u have allergies to medicines, oods, or stinging insects?				27.	asthma medicine? Were you born without or are your missing	101 2 7 5 6	100
5.	Have	you ever passed out or nearly		П			a kidney, an eye, a testicle, or any other		
6.		ut DURING exercise? you ever passed out or nearly	_	_		28.	organ? Have you had infectious mononucleosis		- Augusty
0.		ut AFTER exercise?	Ц	Ч		20.	(mono) within the last month?	П	ч
7.		you ever had discomfort, pain, or				29.	Do you have any rashes, pressure sores, or other skin problems?		
8.		in your chest during exercise? your heart race or skip beats during				30.	Have you ever had a herpes skin		
	exercise'			Ч			infection?		Ц
9.		doctor ever told you that you have I that apply):				31.	NCUSSION OR TRAUMATIC BRAIN INJURY Have you ever had a concussion (i.e. bell		EL LIEU P
	100	pressure Heart murmur					rung, ding, head rush) or traumatic brain		
	0.50	esterol Heart infection			is more	32.	injury? Have you been hit in the head and been		
10.	Has a	doctor ever ordered a test for your			right Alb	52.	confused or lost your memory?	П	
11.		or example ECG, echocardiogram) nyone in your family died for no				33.	Do you experience dizziness and/or headaches with exercise?		
11.	apparent		U	U		34.	Have you ever had a seizure?		
12.		anyone in your family have a heart				35.	Have you ever had numbness, tingling, or		
13.	problem? Has a	ny family member or relative been					weakness in your arms or legs after being hit		
		from heart disease or died of heart				36.	or falling? Have you ever been unable to move your		a dinas
14.		or sudden death before age 50? anyone in your family have Marfan					arms or legs after being hit or falling?	u	
	Syndrom	e?		Ч		37.	When exercising in the heat, do you have severe muscle cramps or become ill?		
15.	Have hospital?	you ever spent the night in a				38.	Has a doctor told you that you or someone		Bas
16.		you ever had surgery?	until Car	3A '			in your family has sickle cell trait or sickle cell		18
17.		you ever had an injury, like a sprain,				39.	disease? Have you had any problems with your		- North
		or ligament tear, or tendonitis, which ou to miss a Practice or Contest?					eyes or vision?	_	
40	If yes, c	rcle affected area below:				40.	Do you wear glasses or contact lenses?		
18.		you had any broken or fractured dislocated joints? If yes, circle				41.	Do you wear protective eyewear, such as goggles or a face shield?		
	below:		-			42.	Are you unhappy with your weight?		
19.		you had a bone or joint injury that x-rays, MRI, CT, surgery, injections,				43.	Are you trying to gain or lose weight?		
	rehabilita	tion, physical therapy, a brace, a	Ш.			44.	Has anyone recommended you change	П	П
Head		rutches? If yes, circle below: Shoulder Upper Elbow Forearm	Hand/	Chest		45.	your weight or eating habits? Do you limit or carefully control what you		
Uppe		arm Hip Thigh Knee Calf/shin	Fingers Ankle	Foot		70.	eat?	U	
back	back			Toes		46.	Do you have any concerns that you would		
20.		you ever had a stress fracture?				FEI	like to discuss with a dector?		
21.		you been told that you have or have an x-ray for atlantoaxial (neck)				47.	Have you ever had a menstrual period?	n	-
W.C.I	instability	?	- HTICH	d sints		48.			a discount
22.	Do yo device?	u regularly use a brace or assistive					menstrual period?	1 4 100	1 150 1570
	device					49.	How many periods have you had in the last 12 months?		
						50.	Are you pregnant?		
	#'s				Explain "Ye	es" a	answers here:		
			4,00	To be all			The move is a sure gradewich afficial best to	SQUE TO	10
	7 101-71	THE GRAVE CHARLES TO STREET OF VIRGINIA	BALLIUI	A And	EXECUTED!	- 41	ALL CONTROL NO. 12. A TOWNING LOS	- Hours	DOWN SAN
		ify that to the best of my knowledge							
Stu	dent's Sig	nature	-1-7				Date / /	Hamboo	
I he	ereby cert	ify that to the best of my knowledge	all of th	e inforn	nation here	in is	true and complete.	ie) orași	
Pai	rent's/Gu	ardian's Signature					Date	1	1

Age_

Grade____

Student's Name _

SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and sign initial pre-participation physical	al evaluation (C	CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.
Student's Name	orthography san	Grade
Enrolled in	- 4 (m) (1 m) (1 m)	School Sport(s)
Height Weight	_ % Body Fat	(optional) Brachial Artery BP/ (/,/) RP
	lood pressure	(BP) or resting pulse (RP) is above the following levels, further evaluation by the student's
		9-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96.
Vision: R 20/ L 20/	Correct	ted: YES NO (circle one) Pupils: Equal Unequal
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance	ny rasnas, uma Voers	P. H. v. Dig. even hed disposition, pain, cit. [2] [3] (3) violation and cit.
Eyes/Ears/Nose/Throat	Describit de 40	b. Daringsummed they discussed in a great Startey of the
Hearing VALUE / AM	SE SITAMUSE	Fine Marattuckino Service of the production galaxy of
Lymph Nodes	amuent to chair	the with the Common th
Cardiovascular	nt in the bear	Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marfan syndrome
Cardiopulmonary	9213/980	the state of the s
Lungs	Carrier 6 Barrier	Ruperserversus de Marie Victoria de Marie Victor
Abdomen	t acel to some	Contragosaco
Genitourinary (males only)	V. aldemi saud	dealfed trum heart make to stand theart. Late Late Late Late Late Late Late Late
Neurological	et to at payed t	14 Ente anydnesh your cash have Marian Co. 17
Skin	HODAS OF SECON	Fall states and the second and the second at
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck aloyate	amplicano yma	Ago page against an agus agus agus agus agus agus agus agus
Back	tánco au apaseni	densistayou po migs a Preutree or Contract 48 Por you what
The second secon		For the your best any broken or frectured.
Shoulder/Arm	MRA BALDELON	
Shoulder/Arm Elbow/Forearm	Way o sylinated to the way of the	set us. Paragraphic Company of the C
State Tay	waye avitoriore Soundary Med yea water in the year	Manufacture 100 Dispersion 194 100 Dispersio
Elbow/Forearm Wrist/Hand/Fingers	Wandy riths you	AS a combance of the second of
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh	w may rike you	Participation of the control of the
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee	way symbolog	AP. Prevalence of the participation of the particip
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle	w may died yet	AP. Prepared one of the political control of t
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to	on the basis of participate in	EALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard	on the basis on the basis of participate in dian in Section	of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLI NOT CLEARED To The COLLISION CONTACT	on the basis of participate in dian in Section EARED with refollowing type The None in the basis of the bas	of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: ecommendation(s) for further evaluation or treatment for: s of sports (please check those that apply): -CONTACT STRENUOUS MODERATELY STRENUOUS Non-STRENUOUS
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLI NOT CLEARED for the COLLISION CONTACT	on the basis of participate in dian in Section EARED with refollowing type on Non	of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: **Commendation(s) for further evaluation or treatment for: s of sports (please check those that apply): -CONTACT
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLI NOT CLEARED for the COLLISION CONTACT Due to Recommendation(s)/Reference	on the basis of participate in dian in Section EARED with refollowing type or Non	of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: **Recommendation(s) for further evaluation or treatment for: **s of sports (please check those that apply): -CONTACT
Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reherein named student, and, the student is physically fit to by the student's parent/guard CLEARED CLI NOT CLEARED for the COLLISION CONTACT	on the basis of participate in dian in Section EARED with refollowing type or Non	of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: **Recommendation(s) for further evaluation or treatment for: **s of sports (please check those that apply): **CONTACT **D STRENUOUS **D MODERATELY STRENUOUS **D Non-STRENUOUS