

## PIAA PHYSICAL FORMS EXPLANATION AND COLLECTION PROCESS FOR THE 2017-2018 SCHOOL YEAR

All physicals for sports participation must be completed on the approved PIAA physical forms. NO EXCEPTIONS. These forms can be found online at [www.methactonwarriors.org](http://www.methactonwarriors.org) ([Click Here](#)) or in the Athletics' Office. Only original paperwork will be accepted. It is strongly encouraged you make a copy of the completed forms for your records. Below is an explanation of the Comprehensive Interscholastic Pre-Participation Physical Exam (CIPPE).

The physical forms consist of the following sections:

**Sections 1-6:** must be completed for the FIRST sport an athlete participates in for each new school year.

- Eligibility forms: Must be FULLY complete by the athlete and their parent/guardian
- Sections 1-5: Must be FULLY completed by the athlete and their parent/guardian.
- Section 6: Is the physical form to be completed by a physician on or after June 1<sup>st</sup> of each school year. If their physical is completed prior to this date the physician must still authorize they are able to participate in athletics after June 1<sup>st</sup>.

### **PHYSICALS ARE DUE PRIOR TO THE START OF THE SPORT'S SEASON.**

**FALL SEASON METHACTON ATHLETIC PIAA PHYSICAL FORMS ARE DUE NO LATER THAN AUGUST 7, 2017**

**\*\*\*FOOTBALL PIAA PHYSICAL FORMS ARE DUE NO LATER THAN AUGUST 1, 2017\*\*\***

Fall Physicals must be dated AFTER June 1<sup>st</sup>, 2017. Original paperwork can be mailed directly to the Methacton High School or dropped off in the Athletics' office during normal summer building hours. Please make a copy for your records and check to make sure the paperwork is completely filled out. You will be notified for incomplete paperwork. Paperwork will be left in Athletics' office to be picked up and corrected. Physicals can be mailed to:

Methacton High School  
1005 Kriebel Mill Road  
Eagleville, PA 19403  
Attn: Zachery Olds, Athletics Dept

**\*\*Arcola Middle School Athletics physicals are to be turned into Arcola Main Office during summer building hours\*\***

### **EMERGENCY FORMS ARE DUE FOR ALL FALL TEAMS BY AUGUST 21, 2017**

Emergency forms can be found in Methacton High School Athletics Office during summer building hours.

## **ImPACT CONCUSSION BASELINE TESTING PROCESS FOR THE 2017-2018 SCHOOL YEAR**

### **Who needs ImPACT Testing:**

All students who participate in the following sports must take the ImPACT neuro-cognitive baseline test before participating:

Baseball	Field Hockey	Soccer (boys/girls)	Pole Vault (boys/girls)
Basketball (boys/girls)	Football	Softball	Volleyball
Cheerleading	Lacrosse (boys/girls)	Swimming/Diving (boys/girls)	Wrestling

### **Baseline Testing Frequency Policy**

Baseline testing is done at least every **two** years. Any Freshman and Juniors must take a baseline test, regardless of the date of last baseline. In addition, any Sophomores or Seniors that did not take a baseline in the previous year, transfers, and new student-athletes must also take a baseline test. Baseline tests are good for the entire year, an athlete does not need to repeat a baseline test for another season. If an athlete's score are deemed potentially invalid by the program, a new baseline must be taken. **DATES FOR TESTING MAY BE FOUND AT METHACTONWARRIORS.ORG**

**\*\*\*Athletes must have a completed physical packet and be compliant with Methacton High School's ImPACT testing program prior to participation. Any questions regarding physical paperwork or ImPACT testing may be directed to Zachery Olds, Methacton High School Athletic Trainer, at [zolds@methacton.org](mailto:zolds@methacton.org)\*\*\***

# 2017-2018 SPORT ELIGIBILITY PACKET

THIS PACKET MUST BE COMPLETED AND RETURNED TO YOUR COACH **BEFORE**  
**PARTICIPATION WILL BE PERMITTED**

PLEASE PRINT ALL INFORMATION

SPORT \_\_\_\_\_

NAME \_\_\_\_\_ HR \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE ON LAST BIRTHDAY \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
TOWN STATE

HOME PHONE # \_\_\_\_\_ PARENT'S WORK# \_\_\_\_\_

Circle the grades below in which you have participated in this sport on an interscholastic basis.  
**BE SURE TO INCLUDE THIS YEAR.**

7            8            9            10            11            12

Did you repeat a grade?            Yes \_\_\_\_\_            No \_\_\_\_\_

If yes, what grade(s)? (*Circle Below*)

7            8            9            10            11            12

What school did you attend last year? \_\_\_\_\_

The above information is accurate and truthful to the best of my knowledge. I understand that deliberately giving false information will make me ineligible for all sports.

X \_\_\_\_\_  
Signature of Student Athlete

**METHACTON ATHLETIC OFFICE  
CODE OF CONDUCT**

**Rights/Responsibilities and Expectations**

1. Every athlete who represents Methacton School District on an athletic team is expected to conduct himself/herself in such a manner as to reflect credit upon both the individual and Methacton.
2. Every athlete must remember that they are a student first, and an athlete second. Participation in athletics is a privilege granted to the student, not a right guaranteed to them.
3. Being a member of an athletic team does not entitle a student to any special privileges in school. Rather, it may carry an increased expectation of good school citizenship in the face of peer pressure. Athletes are expected to set examples of appropriate behavior and cooperation.
4. Students afforded the privilege of athletic participation must assume that these responsibilities accompany them at all times.

**Athletic Discipline**

1. Possession and/or use of controlled substances, anabolic steroids, or alcoholic beverages by an athlete at any time in season will result in the athlete being placed on Athletic Probation for fifteen (15) days or removed from the team, whichever comes first. While on Athletic Probation, the athlete is expected to participate in every practice and team obligation, but he/she is barred from participating in or traveling to any contest(s) during the probationary period. The coach may reinstate the athlete to full team membership at the end of this probationary period if behavioral expectations are met to the coaches' satisfaction.

The preceding statement will apply at any time and will apply whether such use is on or off school grounds. Penalty may be more severe (longer suspension, dismissal from the team) at the discretion of the athlete's coach or school administration. Any player dismissed or suspended from a team for violation of this policy will be denied the privilege of participating on any other team during the season.

2. Students whose offense(s), including but not limited to possession and/or use of controlled substances, anabolic steroids, or alcoholic beverages, occur outside of their respective season must appear before the Athletic Review Board before he/she is eligible for reinstatement to the athletic program and may be subject to Athletic Probation from the outset of any further athletic participation.
3. The coach of each team may establish additional rules and procedures that he/she expects his/her team members to follow. The coach may also establish disciplinary action for a breach in these rules and procedures. The use of tobacco and any other substance harmful to the athlete's person or which will not permit the athlete to perform at his/her highest level of potential is prohibited.

**Athletic Review Board**

The following offenses will require that the student submit a written request of the Athletic Director for review by the Athletic Review Board before the student may participate in subsequent sports seasons, or continue in their present sport season:

1. Dismissal or suspension from an athletic team for any reason, including the use of controlled substance, anabolic steroids and/or alcoholic beverages
2. Suspension from school for (3) three or more days
3. Any action that causes a student to be retained in the Juvenile Probation System or to be convicted/cited/involved in any criminal/illegal activity

\_\_\_\_\_  
Sport

X \_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent/Guardian

**Methacton High School and Arcola Intermediate School  
Athletic Program  
Student-Athlete Insurance Information**

Dear Parent or Guardian:

All candidates for athletic teams are required to provide evidence of parental willingness to absolve the school of responsibility for costs due to injuries resulting from practice or competition while a member of an athletic team. Under Pennsylvania law (Political Subdivision Tort Claims Act) the School District is, in most cases, exempt from liability for injuries to students.

Kindly read the statement below and then check the method of your choice for covering the cost of possible injuries that the school cannot assume.

Thank you.

_____ Student's Name	_____ Sport	_____ Date	_____ Grade
_____ Address	_____ Zip Code	_____ Phone Number	

I realize that even with proper safety equipment (helmet, etc.) and supervision, my child still may be injured, even paralyzed, while participating in sports. If I have questions about the potential hazards, I will contact the Athletic Office. I agree that, in the event of injury a physician or dentist designated by Methacton School District may render emergency treatment to my child.

***(CHECK THE APPROPRIATE LINE BELOW)***

- \_\_\_\_\_ I am now carrying hospitalization and/or medical surgical insurance.
- \_\_\_\_\_ I am carrying an accident insurance policy other than student accident insurance.
- \_\_\_\_\_ I am otherwise prepared to accept and pay any such potential expenses.

X \_\_\_\_\_  
Signature of Parent/Guardian





**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any 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 six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> or the conclusion of the spring sports season.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

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

Date of Student's Birth: \_\_\_/\_\_\_/\_\_\_ Age of Student on Last Birthday: \_\_\_ Grade for Current School Year: \_\_\_

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

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

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Student's Prescription Medications and conditions of which they are being prescribed \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_ School and a resident of the \_\_\_\_\_ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20\_\_\_\_ - 20\_\_\_\_ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

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 video broadcasts and re-broadcasts, webcasts and 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. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

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

F. **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

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

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

#### What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

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

**SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS**

**What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

**How common is sudden cardiac arrest in the United States?**

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

**Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

**What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

**Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)**

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

*Information about SCA symptoms and warning signs.*

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

*Removal from play/return to play*

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete	Print Student-Athlete's Name	Date ____/____/____
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date ____/____/____



**SECTION 5: HEALTH HISTORY**

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

	Yes	No		Yes	No					
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>					
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>					
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>					
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>					
9. Has a doctor ever told you that you have (check all that apply):			<b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b>							
<input type="checkbox"/> High blood pressure			31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High cholesterol			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart murmur			33. Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart infection			34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>					
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>					
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>					
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>					
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>					
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>					
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>					
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/Fingers	Chest	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	Lower back	Hip	Thigh	Knee	Call/shin	Ankle	Foot/Toes	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?								<b>FEMALES ONLY</b>		
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?								47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?								48. How old were you when you had your first menstrual period?	_____	_____
								49. How many periods have you had in the last 12 months?	_____	_____
								50. Are you pregnant?	<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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ ) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

**Age 10-12:** BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

**CLEARED**    **CLEARED**, with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

**NOT CLEARED** for the following types of sports (please check those that apply):

COLLISION    CONTACT    NON-CONTACT    STRENUOUS    MODERATELY STRENUOUS    NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEE FOR STUDENTS PARTICIPATING IN ATHLETICS, FALL PLAY & SPRING MUSICAL, MARCHING OR JAZZ BAND, WINTER GUARD & PERCUSSION ONLY**

Please complete the following form and remit with student activity fee payment. Only one form per family is necessary, list the names of all students and submit this form along with payment (**\$75 – ONE TIME FEE PER PARTICIPATING STUDENT**). Payment may be made in person at the school to Mrs. Bennett in the athletic office, or mailed to the address below. Please send a self-addressed stamped envelope if you wish to have a receipt issued. Please feel free to review the frequently asked questions section at [www.methacton.org/studentactivityfee](http://www.methacton.org/studentactivityfee) or call 610-489-5054, with questions or concerns.

**Make checks payable to Methacton School District or Pay by credit card at [www.methacton.org](http://www.methacton.org) – Select District Home, Select Family Resources, Select Pay to Participate Fee and follow directions for Pay by Credit Card**

**Pay to Participate fee \$75 One-Time-Fee per Participating Student**

**MAIL TO: ATTN. PAY TO PARTICIPATE / METHACTON HIGH SCHOOL / 1005 KRIEBEL MILL ROAD, EAGLEVILLE, PA 19403**

Once paid, **NO ADDITIONAL FEE** is required; students pay only once, even if a student participates in more than one activity.

**Students will be considered ineligible for their activity or sport if the fee is not paid within the designated two week grace period after the official start of the athletic season or activity.**

Student(s) Last Name	Student(s) First Name	Student ID #	Sport/Activity

Parent's Name \_\_\_\_\_ Total Amount Enclosed: \$ \_\_\_\_\_

For Office Use Only	Check #	Date Paid	Employee's Initials