

WINTER SPORTS RECERTIFICATION PACKET

- This packet should **ONLY** be completed if you played a fall sport or already handed in a full sports physical packet, dated after June 1, 2015, and it is on file with the Athletic Trainer.
- Please make sure the activity fee is attached to this packet (\$75 for HS and \$50 for MS). Checks **ONLY**, made payable to TVSD.

**Recertification packets and the activity fee check made out to TVSD are due NO
LATER than Monday, November 2nd!!****



**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 five Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3 and 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 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.***

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 6 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 7 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION – IN INK

PERSONAL INFORMATION

Athlete's Name _____ Grade During Season _____

Athlete's Nickname _____ Date of Birth _____ Age _____ Sport _____

Current Address, City, Zip _____

Parent/Guardian Names _____

Mother's Home # _____ Father's Home # _____

Mother's Work # _____ Father's Work # _____

Mother's Cell # _____ Father's Cell # _____

Parent/Guardian Email Address _____

EMERGENCY CONTACT INFORMATION – Other than Parent/Guardian

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

HEALTH INSURANCE INFORMATION - MUST COMPLETE ENTIRELY (May also provide a copy of insurance card)

(Please Circle One) Copy of Card Attached See Information Below No Health Insurance

I do not have health insurance, but I am willing to purchase the health insurance offered by the District (Please Circle One) YES or NO

Insurance Company Name _____ Type (circle one) HMO PPO HSA Other _____

Policy/Group # _____ Identification # _____

Card Holders Name _____ Card Holders Date of Birth _____

MEDICAL INFORMATION

Preferred Hospital (Circle One) Closest Reading Brandywine Other _____

Family Physician's Name _____ MD or DO (circle one) Phone Number _____

Athlete's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Athlete's Prescription Medications _____

Athlete's Allergies _____

ASTHMA AND EPI-PENS

Does the athlete have ASTHMA? Yes or No (circle one) If yes, does the athlete carry an inhaler? Yes or No (circle one)

If yes, what type of inhaler does the athlete carry? _____

Does the athlete carry an Epi-Pen? Yes or no (circle one) If yes, for what allergy _____

Signature of Parent/Guardian

Date

SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Yes No (please circle one)

- 1) Y N Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine?
- 2) Y N Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?
- 3) Y N Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?
- 4) Y N Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?
- 5) Y N Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?
- 6) Y N Do you have any concerns that you would like to discuss with a physician?

If you answered "yes" to any of the above 6 questions, a clearance must be on file with the Athletic Trainer!

Please explain YES answers below:

Number	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 ____/____/____

MUST COMPLETE THE FOLLOWING INFORMATION:

Name _____ Grade during season _____ Sport _____

Date of Birth _____ Age _____ Place of Birth: City _____ State _____

Please indicate if you have repeated a grade AFTER 6th grade – Yes or No (circle one)

Have you attended a school other than Twin Valley? Yes or No (circle one)

If yes, please list the name of the school, grades you attended the school and whether or not you participated in a sport after 6th grade.

Circle the grades in which you have participated in this sport on an interscholastic basis, including this year: 7 8 9 10 11 12