

# Second or Third Sport of the Year

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

**CHANGES TO PERSONAL INFORMATION** (In the spaces below, identify any **CHANGES** to the Personal Information and Emergency Information set forth in the PIAA Preparticipation Physical Examination Form that you filled out for the first sport of the year in the Personal Information and Emergency Information sections respectively.)

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cellular phone: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ City: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

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

**SUBSEQUENT SPORT TO BE PLAYED:** \_\_\_\_\_ Winter/Spring (circle one)

**SUPPLEMENTAL HEALTH HISTORY** – Explain “Yes” answers at the bottom of this form. Circle questions where you don’t know or are unsure of the answers.

**YES NO**

1. Y N Have you sustained an illness and/or injury related to sport(s) since completing the Preparticipation Physical Exam Form that required medical treatment from a licensed physician of medicine or osteopathic medicine?
2. Y N Since completing the Preparticipation Physical Exam Form, have you had a concussion (i.e., bell rung, ding, head rush) or head injury?
3. Y N Since completing the Preparticipation Physical Exam Form, have you experienced dizzy spells, blackouts, and/or unconsciousness?
4. Y N Since completing the Preparticipation Physical Exam Form, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?
5. Y N Are you taking any NEW prescription on non-prescription (over-the-counter) medicines or pills since completing the Preparticipation Physical Exam Form?
6. Y N Do you have any concerns that you would like to discuss with a doctor?

No(s).	Please explain “YES” answers here:

**I hereby certify that to the best of my knowledge all information contained herein is true and complete.**

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

**I hereby certify that to the best of my knowledge all information contained herein is true and complete.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

NOTE: if any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the Principal, or Principal's designee, of the herein named student's school shall require the student to complete the back page of this form prior to being eligible to participate in the sport(s) identified above.

# PIAA RE-EVALUATION and RE-CERTIFICATION of AUTHORIZED MEDICAL EXAMINER

Form must be completed and signed by the Authorized Medical Examiner that initially cleared the athlete for return to play during their previous season of participation and turned in to the Principal, or the Principal's designee, of the student's school.

**NOTE: The physician completing this Form must first review Sections 3 and 4 of the herein named student's previously completed CIPPE Form. Section 5 must also be reviewed if both 1) this Form is being used by the herein named student to participate in Practices, Inter-School Practies, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND 2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 5.**

**If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or head injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.**

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

Sport(s): \_\_\_\_\_ Enrolled in: Upper Perkiomen School District

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: \_\_\_\_\_

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**A. GENERAL CLEARNACE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in the student's original CIPPE Form.

Authorized Medical Examiner's Name (print/type): \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Examiner's Signature \_\_\_\_\_ MD/DO/PAC/CRNP/SNP<sub>(circle one)</sub> Date \_\_\_\_\_

**B. LIMITED CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in the student's original CIPPE Form, the following limitations/restrictions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Authorized Medical Examiner's Name (print/type): \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Examiner's Signature \_\_\_\_\_ MD/DO/PAC/CRNP/SNP<sub>(circle one)</sub> Date \_\_\_\_\_