

SECTION 5: PIAA RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed by the parent/guardian of any student who (1) previously participated in PIAA interscholastic athletic competition, pursuant to a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) subsequent to completion of the CIPPE (a) suffered an illness or injury which rendered the student unable to participate in 25% or more of the Regular Season Contests in the immediately preceding sports season and/or (b) suffered an illness or injury which resulted in absence from school for ten (10) or more days, or which required surgery.

SUPPLEMENTAL HEALTH HISTORY

(Attach Section 3: HEALTH HISTORY from CIPPE to this form)

Student's Name _____ Age _____

Sport(s) _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Physical Address _____

Current Home Telephone # () _____ Current Cellular Telephone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Emergency Contact Person's Name _____ Relationship _____

Address _____ 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 Should be Aware _____

Student's Prescription Medications _____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, pneumococcal; meningococcal; varicella) Up to date (see attached documentation) Not up to date Specify _____

SUPPLEMENTAL HEALTH HISTORY: Describe those illnesses and injuries suffered by the student since completion of the CIPPE:

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 ____/____/____