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 Age Grade				the herein named student's comprehensive initial
include in			,	
HeightWeight% Body Fat (optional)Brachial Artery BP/(/,/) RP feither the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's print are 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. //ision: R 20/ L 20/ Corrected: YES NO (circle one) Pupils: Equal Unequal MEDICAL NORMAL Appearance				
feither the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's print are physician is recommended. Age 10-12: BY - 126/82, RP > 104: Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96. //sion: R 20/L20/Corrected: YES NO (circle one) Pupils: EqualInequal MEDICAL NORMAL ABNORMAL FINDINGS Appearance yes/Ears/Nose/Throat Hearing Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marifan syndrome Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marifan syndrome Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marifan syndrome Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marifan syndrome Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marifan syndrome Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marifan syndrome Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Hold The Top				
Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96. //sion: R 20/Corrected: YES NO (circle one) Pupils: EqualUnequal MEDICAL NORMAL NORMAL FINDINGS Appearance Eyes/Ears/Nose/Throat Hearing Lymph Nodes Carcliovascular Carc				
Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96. //sion: R 20/L 20/Corrected: YES_NO (circle one) Pupils: EqualUnequal MEDICAL NORMAL ABNORMAL FINDINGS Appearance			P) or resting pulse (RP) is above the followi	ng levels, further evaluation by the student's prima
Iteration: R 20/L 20/Corrected: YES NO (circle one) Pupils: EqualUnequal MEDICAL NORMAL ABNORMAL FINDINGS Appearance			-15: BP: >136/86, RP >100; Age 16-25: BF	P: >142/92, RP >96.
Appearance Image: Control of the second	-	-	_	
Leges/Ears/Nose/Throat Hearing Lymph Nodes Cardiovascular Cardiopulmonary Lungs Abdomen Genitourinary (males only) Neurological Skin MUSCULOSKELETAL NORMAL Abdomen Genitourinary (males only) Neurological Skin MUSCULOSKELETAL NORMAL Abdomen Genitourinary (males only) Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the rerein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that I have reviewed the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	MEDICAL	NORMAL	ABNOR	MAL FINDINGS
Hearing	Appearance	1		
Lymph Nodes	Eyes/Ears/Nose/Throat	1		
Cardiovascular Heart murmur Femoral pulses to exclude aortic coarctation Physical stigmata of Marfan syndrome Physical stigmata of Marfan syndrome Cardiopulmonary Image: Cardiopulmonary Lungs Image: Cardiopulmonary Lungs Image: Cardiopulmonary Lungs Image: Cardiopulmonary Abdomen Image: Cardiopulmonary Genitourinary (males only) Image: Cardiopulmonary Neurological Image: Cardiopulmonary Skin Image: Cardiopulmonary MUSCULOSKELETAL NORMAL Abdomen Image: Cardiopulmonary Back Image: Cardiopulmonary Back Image: Cardiopulmonary Shoulder/Arm Image: Cardiopulmonary Elbow/Forearm Image: Cardiopulmonary Wrist/Hand/Fingers Image: Cardiopulmonary Hip/Thigh Image: Cardiopulmonary Knee Image: Cardiopulmonary Leg/Ankle Image: Cardiopulmonary Foot/Toes Image: Cardiopulmonary hereby certify that 1 have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the erain named student, and, on the basis of such evaluation and the	Hearing	1		
Cardiopulmonary Physical stigmata of Marfan syndrome Cardiopulmonary Image: Cardiopulmonary Lungs Image: Cardiopulmonary Abdomen Image: Cardiopulmonary Genitourinary (males only) Image: Cardiopulmonary Neurological Image: Cardiopulmonary Skin Image: Cardiopulmonary MUSCULOSKELETAL NORMAL NORMAL ABNORMAL FINDINGS Neck Image: Cardiopulmonary Back Image: Cardiopulmonary Shoulder/Arm Image: Cardiopulmonary Elbow/Forearm Image: Cardiopulmonary Wrist/Hand/Fingers Image: Cardiopulmonary Hip/Thigh Image: Cardiopulmonary Knee Image: Cardiopulmonary Leg/Ankle Image: Cardiopulmonary Foot/Toes Image: Cardiopulmonary hereby certify that 1 have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of 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 be hered by set 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-Scho	Lymph Nodes	1		
Cardiopulmonary Image: Cardiopulmonary Lungs Image: Cardiopulmonary Abdomen Image: Cardiopulmonary Genitourinary (males only) Image: Cardiopulmonary Neurological Image: Cardiopulmonary Skin Image: Cardiopulmonary MUSCULOSKELETAL NORMAL Neck Image: Cardiopulmonary Back Image: Cardiopulmonary Shoulder//Arm Image: Cardiopulmonary Elbow/Forearm Image: Cardiopulmonary Wrist/Hand/Fingers Image: Cardiopulmonary Hip/Thigh Image: Cardiopulmonary Knee Image: Cardiopulmonary Leg/Ankle Image: Cardiopulmonary FootToes Image: Cardiopulmonary hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the review as specified below, the student's HEALTH HISTORY, certify that, except as specified below, the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Cardiovascular			ude aortic coarctation
Lungs	Cardiopulmonary	1	- ruysical sugmata of Martan syndrome	
Abdomen		1		
Neurological Image: Constraint of the system of the sy	-	1		
Neurological Image: Constraint of the system of the sy	Genitourinary (males only)	1		
Skin MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS Neck		1		
MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS Neck		1		
Back		NORMAL	ABNOR	MAL FINDINGS
Shoulder/Arm Image: Shoulder/Arm Elbow/Forearm Image: Shoulder/Arm Wrist/Hand/Fingers Image: Shoulder/Arm Hip/Thigh Image: Shoulder/Arm Knee Image: Shoulder/Arm Leg/Ankle Image: Shoulder/Arm Foot/Toes Image: Shoulder/Arm 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 be he student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Neck	1	1	
Elbow/Forearm Elbow/Forearm Wrist/Hand/Fingers Image: Comparison of the student's Heal_TH History, performed a comprehensive initial pre-participation physical evaluation of the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to be the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Back	1	1	
Wrist/Hand/Fingers Hip/Thigh Hip/Thigh Knee Leg/Ankle Foot/Toes hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of 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 be he student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Shoulder/Arm	1		
Hip/Thigh Hip/Thigh Knee Hip/Thigh Leg/Ankle Hip/Thigh Foot/Toes Hip/Thigh 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 be he student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Elbow/Forearm	1		
Hip/Thigh Hip/Thigh Knee Hip/Thigh Leg/Ankle Hip/Thigh Foot/Toes Hip/Thigh 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 be he student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Wrist/Hand/Fingers	1		
Leg/Ankle Foot/Toes hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of 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 be he student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:		1	1	
Foot/Toes Foot/Toes 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 be the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Knee	1		
Foot/Toes Foot/Toes 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 be the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	Leg/Ankle	1		
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 be he student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:	-	1		
	hereby certify that I have rev nerein named student, and, or student is physically fit to part	n the basis of su ticipate in Prac	uch evaluation and the student's HEALTH HI tices, Inter-School Practices, Scrimmages,	STORY, certify that, except as specified below, the , and/or Contests in the sport(s) consented to by
▲ NOT CLEARED for the following types of sports (please check those that apply):				ATELY 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/