

Sports Physicals

At Red Lion High School

\$20

payable to Red
Lion Varsity Club



6-8pm

Tuesday, June 7th and Wednesday, July 20th, 2022

***Bring PIAA Section 6 filled out and 7 for the doctor to complete/sign at physical**
Turn physicals in to SportsWare. Information online for SportsWare and required ImpACT testing
(bit.ly/FallSportsPhysicalsChecklist2022)

SECTION 6: MEDICAL HISTORY

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

1. Have you ever been diagnosed with a heart condition? <small>(Do you have a doctor's written order or prescription for heart medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Have you ever been diagnosed with a respiratory condition? <small>(Do you have a doctor's written order or prescription for asthma medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have any other heart conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	17. Have you ever been diagnosed with a lung condition? <small>(Do you have a doctor's written order or prescription for asthma medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you have any other respiratory conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	18. Have you ever been diagnosed with a blood condition? <small>(Do you have a doctor's written order or prescription for blood medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have any other blood conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	19. Have you ever been diagnosed with a bone condition? <small>(Do you have a doctor's written order or prescription for bone medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you have any other bone conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	20. Have you ever been diagnosed with a skin condition? <small>(Do you have a doctor's written order or prescription for skin medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been diagnosed with a skin condition? <small>(Do you have a doctor's written order or prescription for skin medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Do you have any other conditions? <small>(Do you have a doctor's written order or prescription for other medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have any other conditions? <small>(Do you have a doctor's written order or prescription for other medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	22. Have you ever had a concussion or head injury? <small>(Do you have a doctor's written order or prescription for head injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever had a concussion or head injury? <small>(Do you have a doctor's written order or prescription for head injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	23. Have you ever had a neck injury? <small>(Do you have a doctor's written order or prescription for neck injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever had a neck injury? <small>(Do you have a doctor's written order or prescription for neck injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	24. Have you ever had a back injury? <small>(Do you have a doctor's written order or prescription for back injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever had a back injury? <small>(Do you have a doctor's written order or prescription for back injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	25. Have you ever had a shoulder injury? <small>(Do you have a doctor's written order or prescription for shoulder injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever had a shoulder injury? <small>(Do you have a doctor's written order or prescription for shoulder injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	26. Have you ever had a knee injury? <small>(Do you have a doctor's written order or prescription for knee injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you ever had a knee injury? <small>(Do you have a doctor's written order or prescription for knee injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	27. Have you ever had an ankle injury? <small>(Do you have a doctor's written order or prescription for ankle injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you ever had an ankle injury? <small>(Do you have a doctor's written order or prescription for ankle injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	28. Have you ever had a wrist injury? <small>(Do you have a doctor's written order or prescription for wrist injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever had a wrist injury? <small>(Do you have a doctor's written order or prescription for wrist injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	29. Have you ever had a hand injury? <small>(Do you have a doctor's written order or prescription for hand injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you ever had a hand injury? <small>(Do you have a doctor's written order or prescription for hand injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Have you ever had a foot injury? <small>(Do you have a doctor's written order or prescription for foot injury medication?)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent's Signature: _____ Date: _____

Parent's Guardian's Signature: _____ Date: _____



SECTION 7: PIAA Comprehensive Initial Pre-Participation Physical Evaluation

Must be completed and signed by the Authorized Medical Examiner (AME) performing the Initial Informed Student's consented initial pre-participation physical evaluation (PIPE), and returned to the Principal or the Principal's designee, of the student's school.

Student's Name: _____ School: _____ Age: _____ Grade: _____

Enrolled in: _____ Student Athlete ID #: _____

Height: _____ Weight: _____ % Body Fat (optional): _____ Resting Artery BP: _____ / _____ J.P. _____

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 >120/80, RP >104; Age 13-18: BP >120/80, RP >100; Age 19-28: BP >120/80, RP >90; Under 19: BP >120/80, RP >104; Corneal: YES, NO (print one); Health Exam: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance	<input type="checkbox"/>	
Eye/Ear/Nose/Throat	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	
Lymph Nodes	<input type="checkbox"/>	
Chest/Respiratory	<input type="checkbox"/>	Heart murmur <input type="checkbox"/> Fernald pulses to exclude aortic coarctation <input type="checkbox"/> Physical signs of Marfan syndrome
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Genitourinary (males only)	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
Spine	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Shoulders	<input type="checkbox"/>	
Elbows/Wrists	<input type="checkbox"/>	
Hands/Fingers/Tenodesis	<input type="checkbox"/>	
hips/High	<input type="checkbox"/>	
Feet	<input type="checkbox"/>	
Legs/Knees	<input type="checkbox"/>	
Feet/Toes	<input type="checkbox"/>	

I hereby certify that I have reviewed the physical history performed in comprehensive initial pre-participation physical evaluation of the named student, and, on the basis of a physical evaluation and the student's Health History, certify that, except as specified below, the student is eligible to participate in Pre-participation Physical Examination (PIPE), School Physical Examination, and/or Consent to the sports activities by the student's designated guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form.

CLEARED CLEARED with recommendations for further evaluation or treatment for: _____

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

COLLEGE CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Date: _____

Recommended by (Physician): _____
AME's Name (print name): _____ Title: _____ License #: _____
AME's Signature: _____ AME ID #: _____ State: _____ Date of CPPE: _____