



# LANCASTER MENNONITE

## PHYSICAL CERTIFICATION CHECK OFF SHEET FOR ATHLETICS

Dear Parent/Guardian,

Please reference this check-off sheet to make sure that your student-athlete will be ready and able to participate in the upcoming sports season at Lancaster Mennonite School.

If you have any questions or concerns, please email the Athletic Trainer.

Only **ONE physical** is required **per school year**. Sports physicals must be completed **AFTER MAY 1st** of that **school year** and documented on **PIAA Section 6**. Physicals after May 1<sup>st</sup> can be used for that school year and student-athlete can recertify for each season.

**All forms must be completed** before the start of the season **to be eligible** for tryouts or practice. Please **write legibly**. \*Be sure that all **forms** are **completed, signed, and dated**.\*

### **FIRST sport of season for student athlete = Full PIAA Physical Packet (Sections 1 -6)**

- Section 1:** Personal and Emergency Information **\*Include insurance information\***
- Section 2:** Certification of Parent/Guardian
- Section 3:** Understanding of Risk of Concussion and Traumatic Brain Injury
- Section 4:** Understanding of Sudden Cardiac Arrest Symptoms and Warning Signs
- Section 5:** Health History **\*Explain any “yes” answers\***
- Section 6:** PIAA Comprehensive Pre-Participation Physical Evaluation **\*Signed & dated\***
  
- SWAY Baseline Test** – To be completed by new student athletes and repeated every 2 years (7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade) due to development of the youth athlete. (Bowlers do NOT need to take SWAY). Test information found at [lancastermennonite.org/athletics/athletic-trainer/](http://lancastermennonite.org/athletics/athletic-trainer/)

### **RE-CERTIFICATION Forms for winter/spring sports**

- Section 7: Re-certification by Parent/Guardian** - *If participated in a previous sport season this school year and turned in physical already **OR** if physical was completed prior to 6 weeks before the first official day of practice*
- Section 8: Re-certification by Physician** - *ONLY if answered “Yes” to any of the 6 supplemental health history question(s) on Section 7: Parent/Guardian*

**Re-certification forms** can be completed as soon as **6 weeks before** the start of the season, not prior. If **physical exam** is completed prior to **6 weeks before** the start of the **winter/spring season** it must be **accompanied by a recertification form**, regardless of if they did not play a fall/winter sport. *Example #1. Fall student-athlete has physical and recertifies for winter/spring sport. Example #2: An athlete gets a physical in the summer, doesn't play a fall/winter sport, and recertifies for spring sport.*



**Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE**

This Form must be completed for any student who, subsequent to completion of Sections 1 through 5 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

**NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, 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 7.**

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain 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 \_\_\_\_\_

Enrolled in \_\_\_\_\_ School \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. GENERAL 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 Section 6 of that student's CIPPE Form.

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) 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, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_