

Schuylkill Valley School District
PIAA RECERTIFICATION FORM

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 performing the herein named student's comprehensive initial preparticipation physical evaluation and turned in to the Principal, or the Principal's designee, of the student's school.

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

Sport(s): _____ Enrolled in: Schuylkill Valley School District

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____/_____, ____/_____)
Age 10-13 BP>126/82 RP>104 Age 13-15 BP>136/86 RP>100 Age 16-25 BP142/92 RP>96

Vision R20/____ L20/____ Corrected YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Hearing	_____	_____
Lymph Nodes	_____	_____
Cardiovascular	_____	_____
Cardiopulmonary	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Genitourinary (males only)	_____	_____
Neurological	_____	_____
Skin	_____	_____
MUSCULOSKELETAL		
Neck	_____	_____
Back	_____	_____
Shoulders/Arms	_____	_____
Elbows/Forearms	_____	_____
Wrists/Hands/Fingers	_____	_____
Hips/Thighs	_____	_____
Knees	_____	_____
Legs/Ankles	_____	_____
Feet/Toes	_____	_____

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial preparticipation 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 by the student's parent/guardian on the PIAA Preparticipation Physical Evaluation Form and further certify that the student does not have any communicable illness or condition which would pose a danger to teammates and/or competitors:

_____ CLEARED _____ CLEARED, with recommendation(s) for further evaluation or treatment for: _____

_____ NOT CLEARED for the following type of sports (please check all the apply)

____ Collision ____ Contact ____ Non-Contact ____ Strenuous ____ Moderately Strenuous ____ Non-Strenuous

Due to _____

Recommendation(s)/Referral(s) _____

Authorized Medical Examiner's Name (print/type if different from above): _____ License # _____

Address: _____ Phone _____

Medical Examiner's Signature _____ MD/DO/PAC/CRNP/SNP(circle one) Date _____