INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION & RE-CERTIFICATION INFORMATION
Mechanicsburg Area School District Athletic Department

PARENTS AND STUDENT-ATHLETES
IMPORTANT INFORMATION – PLEASE READ CAREFULLY

FALL STUDENT-ATHLETES:

Student-athletes who DID NOT participate in a FALL Sport must have a pre-participation physical evaluation (Gold Form – 11 pages) performed prior to the first legal day of WINTER practice which is Friday, November 16th, 2018 for V/JV Boys and Girls Basketball, Swimming for grades 9-12 and High School Wrestling. Freshman and Junior High Basketball and Junior High Wrestling will start Saturday, November 17, 2018.
This pre-participation physical evaluation CAN NOT be performed EARLIER THAN SIX WEEKS (October 8th) prior to the first legal day of practice.

- **If you played a school sponsored Fall sport, or have a pre-participation physical evaluation on file for the 2018-19 school year, you must be RE-CERTIFIED (White Form – 4 pages) by completing the white form to play a winter sport NO EARLIER THAN SIX WEEKS (October 8th).**

IF COMPLETING THE RECERT FORM:

- **If all of your answers are "NO" to the questions on the Supplemental History Form (page 2), sign the form and disregard page 3 and return to the MASH or MMS Athletic Trainers.**

- **If you answer "YES" to any of the questions on the Supplemental History Form, a physician must complete and sign page 3. If the injury was treated and released to play by the MASD Sports Medicine Staff, page 3 will be completed by the MASD Athletic Team Physicians.**

- **If you answer "YES" to any of the questions on the Supplemental History Form, a physician must complete and sign page 3. If the injury was treated and released by your own physician, page 3 must be completed and signed by that physician.**

- **Upon completion, return the form to the MASH or MMS Athletic Trainers on or after October 8th.**

NO PHYSICALS WILL BE DONE BY THE SCHOOL FOR WINTER SPORTS

NO STUDENT CAN TRY-OUT FOR ANY INTERSCHOLASTIC TEAM WITHOUT THE PRE-PARTICIPATION PHYSICAL EVALUATION FORM – (Gold) OR THE RE-CERTIFICATION FORM – (WHITE), COMPLETED AND RETURNED TO THE SPORTS MEDICINE STAFF. ALL FORMS MUST HAVE THE PROPER SIGNATURES.

If you have any questions, please contact Sandy Zettlemoyer, Head Athletic Trainer at 691-4548 or email him at szettlemoyer@mbgsd.org. All the forms can be found on the Athletic Department's website, www.gomechanicsburg.com and click on Physical Information on the right side of the page.

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Mechanicsburg Area School District
Athletic Department

Interscholastic Sports Permission RECERTIFICATION Form & Contract for Extra-Curricular Activities

This form MUST be completed and returned to the Athletic Trainers prior to the start of the Winter & Spring sports seasons. Student-Athletes who participate in multiple sports are required to be re-certified prior to each subsequent season of competition during a given school year.

Name: _____ ID #: _____ Grade for 2018-19: _____

Sport: _____

Address: _____

Age: _____ Date of Birth: _____ / _____ / _____

Parent Email Address: _____

Phone: Home: (_____) _____ - _____ Work: (_____) _____ - _____ Cell: (_____) _____ - _____

CIRCLE each year you have participated in this school sponsored sport, include the current year:

7 8 9 10 11 12

CIRCLE the Student's Race/Ethnicity:

American Indian/Alaska Native Asian Black Hawaiian/Pacific Island Hispanic White

Are you a HOMESCHOOL or CYBERSCHOOL student: YES NO

CONFIDENTIALITY STATEMENT

The information in this physical form will be kept confidential and will be used by the athletic administration, coaches and medical staff for identifying injuries and medical conditions as well as to ensure safety and injury prevention. **Additionally, permission is granted to the Athletic Administration and Medical Staff to consult with your physician or other medical specialist, at their discretion, regarding an injury or medical condition.** Information about an injury or medical condition will not be shared with the public or media without the written consent of the parents or guardians.

STUDENT-ATHLETE & PARENT/GUARDIAN SIGNATURES

My signature below acknowledges that I have read and fully understand the contents of this permission form and contract including the **Drug, Alcohol, Tobacco and Steroid Policy, Attendance Policy, Academic Eligibility Policy, Wildcat Code, Good Citizenship, Code of Conduct and Confidentiality Statement and that I will adhere to the expectations set forth.** I have completed all blanks accurately to the best of my knowledge and hereby give consent for_____ Grade _____ to participate in athletics in the Mechanicsburg Area School District during the current school year.

Student's Signature _____ **Date** _____ / _____ / _____

Parents/Guardian's Signature_____ **Date** _____ / _____ / _____

SUPPLEMENTAL HEALTH HISTORY

Explain "YES" answers at the bottom of this form. Circle questions you do not know the answers to.

	YES	NO
1. Since completion of the CIPPE (Physical Form), have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine?		
2. Since completion of the CIPPE (Physical Form), have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?		
3. Since completion of the CIPPE (Physical Form), have your experienced dizzy spells, blackouts, and/or unconsciousness?		
4. Since completion of the CIPPE (Physical Form), have you experienced episodes of unexplained shortness of breath, wheezing, and/or chest pain?		
5. Since completion of the CIPPE (Physical Form), are you taking any NEW prescription medicines or pills?		
6. Do you have any concerns that you would like to discuss with a physician?		

#'s	Explain "YES" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ **Date** _____ / _____ / _____

Parents/Guardian's Signature_____ **Date** _____ / _____ / _____

THIS PAGE IS ONLY TO BE FILLED OUT IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE PREVIOUS PAGE.

Section 6: CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who required medical treatment from a licensed physician of medicine or osteopathic medicine. This form may be completed at any time following completion of such medical treatment. Upon completion, the form must be turned in to the Athletic Training Room.

The physician completing this form must first review your original CIPPE, which is on file in the Athletic Training Room. Your physician should also review the previous page of this packet and sign the form below where appropriate.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or head 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 Mechanicsburg High School / Mechanicsburg Middle 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 5 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 5 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_____


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THIS FORM MUST BE COMPLETED FOR EACH SPORT

MECHANICSBURG AREA SCHOOL DISTRICT
SPORTS MEDICINE DEPARTMENT
500 SOUTH BROAD STREET
MECHANICSBURG, PA 17055-4199
717-691-4548

PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age_____ Grade_____

Sport _____

Current Physical Address _____

_____

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

Current Work Telephone #: (_____) _____ - _____ Parent Email: _____

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

☐ Not up to date