



BIG 33 COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any Big 33 event, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the principal, or the principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than May 30th and shall be effective, regardless of when performed during a school year, until the next May 31st.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The principal, or the principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/_____ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address

Current Home Phone # (_____)

Parent/Guardian Current Cellular Phone # (_____)

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # (_____)

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact 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 _____

Revised: May 20, 2015

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of BIG 33 concerning the eligibility of students to participate in Inter-School Practices, Scrimmages, and/or Contests involving BIG 33. Such requirements, which are posted on the BIG 33 Web site at www.big33.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** To enable BIG 33 to determine whether the herein named student is eligible to participate in BIG 33, I hereby consent to the release to BIG 33 of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. **Permission to use name, likeness, and athletic information:** I consent to BIG 33's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems □ Confusion

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport. □ Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

Date ___/___/___

Signature of Student-Athlete

Print Student-Athlete's Name

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date ___/___/___

SECTION 5: HEALTH HISTORY

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

- | | Yes | No | | Yes | No |
|---|-----|----|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? asthma or allergies? | | | 23. Has a doctor ever told you that you have | | |
| 2. Do you have an ongoing medical condition? breathing DURING or AFTER exercise? | | | 24. Do you cough, wheeze, or have difficulty (like asthma or diabetes)? | | |
| 3. Are you currently taking any prescription or over-the-counter medicines asthma? or pills? 25. | | | 25. Is there anyone in your family who has nonprescription (over-the-counter) medicines asthma? | | |
| 4. Do you have allergies to medicines, asthma medicine? pollens, foods, or stinging insects? 26. | | | 26. Have you ever used an inhaler or taken | | |
| 5. Have you ever passed out or nearly kidney, an eye, a testicle, or any other passed out DURING exercise? organ? | | | 27. Were you born without or are your missing | | |
| 6. Have you ever passed out or nearly within the last month? 28. | | | 28. Have you had infectious mononucleosis passed out AFTER exercise? (mono) | | |
| 7. Have you ever had discomfort, pain, or exercise? or other skin problems? 29. | | | 29. Do you have any rashes, pressure sores, pressure in your chest during | | |
| 8. Does your heart race or skip beats during exercise? 30. | | | 30. Have you ever had a herpes skin exercise? infection? | | |
| 9. Has a doctor ever told you that you have (check all that apply): | | | CONCUSSION OR TRAUMATIC BRAIN INJURY | | |
| <input type="checkbox"/> High blood pressure | | | 31. Have you ever had a concussion (i.e. bell | | |
| <input type="checkbox"/> Heart murmur (ring, ding, head rush) or traumatic brain | | | 31. Have you ever had a concussion (i.e. bell | | |
| <input type="checkbox"/> High cholesterol | | | 32. Have you been hit in the head and been heart? (for example | | |
| 10. Has a doctor ever ordered a test for your ECG, echocardiogram) confused or lost your memory? | | | 32. Have you been hit in the head and been heart? (for example | | |
| 11. Has anyone in your family died for no headaches with exercise? 33. | | | 33. Do you experience dizziness and/or apparent reason? | | |
| 12. Does anyone in your family have a heart problem? 34. | | | 34. Have you ever had a seizure? | | |
| | | | 35. Have you ever had numbness, tingling, or | | |

13. Has any family member or relative been weaknes in your arms or legs after being hit disabled from heart disease or died of heart or falling? problems or sudden death before age 50? 36. Have you ever been unable to move your
14. Does anyone in your family have Marfan syndrome? arms or legs after being hit or falling? 37. When exercising in the heat, do you have
15. Have you ever spent the night in a severe muscle cramps or become ill? hospital? 38. Has a doctor told you that you or someone
16. Have you ever had surgery? in your family has sickle cell trait or sickle cell 17. Have you ever had an injury, like a sprain, disease? muscle, or ligament tear, or tendonitis, which 39. Have you had any problems with your caused you to miss a Practice or Contest? eyes or vision? If yes, circle affected area below: 40. Do you wear glasses or contact lenses?
18. Have you had any broken or fractured 41. Do you wear protective eyewear, such as bones or dislocated joints? If yes, circle goggles or a face shield? below: 42. Are you unhappy with your weight?
19. Have you had a bone or joint injury that 43. Are you trying to gain or lose weight? required x-rays, MRI, CT, surgery, injections, 44. Has anyone recommended you change rehabilitation, physical therapy, a brace, a your weight or eating habits? cast, or crutches? If yes, circle below: 45. Do you limit or carefully control what you eat?
- Head Neck Shoulder Upper Elbow Forearm Hand/ Chest
back back
Upper Lower Hip arm Thigh Knee Calf/shin Ankle Foot/
back back
20. Have you ever had a stress fracture? **FEMALES ONLY**
21. Have you been told that you have or have 47. Have you ever had a menstrual period?
you had an x-ray for atlantoaxial (neck) 48. How old were you when you had your first instability?
menstrual period?
22. Do you regularly use a brace or assistive 49. How many periods have you had in the device? last 12 months?
50. Are you pregnant?

#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 ____/____/____

Parent's/Guardian's Signature _____ Date ____/____/____