



### PHYSICIAN'S CERTIFICATE

I have performed a pre-participation physical evaluation of \_\_\_\_\_,  
a pupil of \_\_\_\_\_ School, Pursuant to the PIAA by-laws, "**Pre-  
Participation Physical Evaluation Necessary Before Pupil Begins Practice**", and have found  
the said student to be physically fit to commence practice and to participate in athletic contests  
with members of school teams during the sports season as indicated by the date of the pre-  
participation physical evaluation or certification in the following sports listed below, except:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_.

### INTERSCHOLASTIC SPORTS

#### High School

Fall: Golf	Winter: Basketball	Spring: Track
Cross Country	Swimming	Softball
Soccer	Wrestling	Baseball
Volleyball		Tennis
Tennis		Volleyball
Football		

#### Middle School

Fall: Volleyball	Winter: Basketball	Spring: Wrestling
Cross Country	Swimming	Soccer
Softball		

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Physician's Office Stamp: \_\_\_\_\_



**PARENT'S / GUARDIAN'S PERMISSION FOR A STUDENT TO PARTICIPATE  
IN INTERSCHOLASTIC SPORTS**

To the principal of \_\_\_\_\_ school:

I, the undersigned parent or guardian of \_\_\_\_\_ give my permission for my child to participate in any or all of the interscholastic sports listed below, except

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_.

**INTERSCHOLASTIC SPORTS**

**High School**

Fall: Golf	Winter: Basketball	Spring: Track
Cross Country	Swimming	Softball
Soccer	Wrestling	Baseball
Volleyball		Tennis
Tennis		Volleyball
Football		

**Middle School**

Fall: Volleyball	Winter: Basketball	Spring: Wrestling
Cross Country	Swimming	Soccer
Softball		

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**STEROID USE PROHIBITION**

We, the undersigned parent(s) and the undersigned student, understand the use of anabolic steroids by any student involved in school-related athletics is prohibited, except for a valid medical purpose. We also understand the bodybuilding, muscle enhancement, increased muscle bulk or strength, or the enhancement of athletic ability is not a medical purpose. We further understand that the student may be subject to random and specific testing for anabolic steroid use before and during the athletic season(s). We are aware that the use of anabolic steroids may, at least, result in temporary or permanent suspension from school athletics as specified by the Board of Public Education.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_



**PITTSBURGH BOARD OF EDUCATION  
MEDICAL HISTORY FOR ATHLETIC PARTICIPATION  
(INCLUDING PARENT PERMISSION)**

Name of student \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School \_\_\_\_\_ Homeroom \_\_\_\_\_ Grade \_\_\_\_\_

Please complete the following health history:

1. What sport(s) is this physical examination intended for? \_\_\_\_\_
2. Which sports season?    ( ) Fall      ( ) Winter      ( ) Spring      (Choose only one!)
3. Has your child ever had an injury that resulted in the loss of time from sport(s) practice or games? (Please answer “yes” or “no” after each of the following.)

Head \_\_\_\_\_

Neck \_\_\_\_\_

Back (upper and/or lower) \_\_\_\_\_

Upper extremity (shoulder, elbow, wrist, hand fingers, etc.)

Lower extremity (leg, ankle, feet, etc.)

4. Has your child ever been to a hospital? \_\_\_\_\_ Where: \_\_\_\_\_

5. Has your child ever had surgery? \_\_\_\_\_ Where: \_\_\_\_\_

6. Does your child have or has he/she had:	Yes	No
a. Rheumatic Fever	_____	_____
b. Seizures or Convulsions	_____	_____
c. Anemia (including sickle cell anemia)	_____	_____
d. Mononucleosis or Hepatitis	_____	_____
e. Asthma	_____	_____
f. Diabetes	_____	_____
g. High Blood Pressure	_____	_____
h. Kidney Disease	_____	_____
i. Retinal detachment or eye disorder	_____	_____
j. Removal of, absence of, or injury to kidney, eye, testicle	_____	_____
k. Concussion (If yes, how many times _____ )	_____	_____
l. Bleeding disorder	_____	_____

8. Is your child under the care of a physician, now? \_\_\_\_\_  
 Physician's name: \_\_\_\_\_

9. Has your child ever had illness lasting more than a week? \_\_\_\_\_

10. Does your child wear glasses or contact lenses? \_\_\_\_\_

11. Has your child ever complained of low back pain? \_\_\_\_\_



- |   | Yes   | No    |
|---|-------|-------|
| 12. Has your child has any serious injure or illness in the past year?                                    | _____ | _____ |
| 13. Does your child have any problems that only bother him/her when participating in athletic activities? | _____ | _____ |
| 14. Does your child have allergies?<br>If so, please list them in the space below.                        | _____ | _____ |
| 15. Is your child currently taking any medication?<br>If so, please list them in the space below.         | _____ | _____ |

Please explain any YES answers to the above questions

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16. Has your doctor ever said your child had a heart murmur or any hear disease? (Yes) (No)  
If so, how old was your child? \_\_\_\_\_  
  
What did your doctor say about it at the last visit? \_\_\_\_\_
17. Has your child ever been told to give up sports due to a health problem? (Yes) (No)
18. In your family, has anyone ever died suddenly while exercising or playing sports?(Yes) (No)

Please respond to all of these questions:

- Yes No To the best of my knowledge I have given true and complete information to all of the questions, above.
- Yes No My child will have the complete pre-participation physical examination and/or brief interim physical examination completed by our family physician or health care provider and will provide the results to my child's coach prior to the first practice.
- Yes No I give my permission to have my child's complete pre-participation physical examination completed by the school nurse practitioner or contract school physician, including a genital / hernia examination, if indicated.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

NP Review \_\_\_\_\_ Date \_\_\_\_\_ (Complete / Interim)