

GENEVA COLLEGE ATHLETIC DEPARTMENT COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION (CIPPE)

INITIAL EVALUATION: Prior to any student participating in Practices, Inter-Squad Practices, Scrimmages, and/or Contests, at any NCAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete all three Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the student-athlete and Section 3 by an Authorized Medical Examiner (AME), those Sections must be submitted to the Director of Athletics or the Athletic Training Department of Geneva College for retention by the college. The CIPPE may not be performed earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION:

Student-Athlete'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 # () _____ Student-Athlete's 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 _____
Group Number _____ ID Number _____
Address _____ Telephone # () _____
Family Physician's Name _____, MD or DO (circle one)
Address _____ Telephone # () _____
Student's Allergies _____ Date of Last Tetanus Shot _____

Student-Athlete's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student-Athlete's Prescription Medications/Dietary Supplements _____

Glasses/Sport Specs _____ Worn During Competition _____

Contact Lens _____ Hard _____ Soft _____ Extended Wear _____ Worn During Comp. _____

No(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-Athlete's Signature _____

Date ____ / ____ / ____

**SECTION 3: NCAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student-athlete's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Director of Athletics or the Athletic Training Department of Geneva College.

Student-Athlete's Name _____ Age _____ Grade _____

Enrolled at _____ School _____ Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ BP _____ / _____ (_____ / _____ , _____ / _____) RP _____

If either the blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended. **Age 18-25:** BP: >142/92, RP >96

Vision R 20/ _____ L 20/ _____ 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	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student-athlete, and, on the basis of such evaluation and the student-athlete's HEALTH HISTORY, certify that, except as specified below, the student-athlete is physically fit to participate in Practices, Inter-Squad Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student-athlete in Section 2 of the NCAA Comprehensive Initial Pre-Participation Physical Evaluation form:

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

NOT CLEARED for the following types of sports (please check those that apply):
 COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date of CIPPE ____/____/____