

## **New Electronic Athletic Physical Information:**

We will offer electronic PIAA pre-participation athletic physical forms for the upcoming 2025-26 school year. \*\*Physical must occur on/after May 1, 2025.\*\*

## What you as a parent need to know:

- 1- Follow the directions on the back of this page after going to the following website: <a href="https://studentcentral.bigteams.com/">https://studentcentral.bigteams.com/</a>
- 2- Once you create your parent account, you will link your student(s) accounts to your account
- 3- Complete the entire Emergency Contact page with your information
- 4- Click on Forms (left side), then on Athletic Forms
- 5- Complete all Sections 1-5, HIPAA, Consent to Treat and BASD Policy Letter form online as a parent with your signature and then have your student sign using their account (you're able to switch to your students account at the top of the page)
- 6- Print Section 6 (PIAA Physical Doctor Form)
- 7- After Section 6 is completed by the doctor, take a picture and upload it to your account (trainers will keep the physical document on file in their office)

Physicals at Freedom HS: Wednesday, October 29 from 5-7 p.m. in the Freedom HS main gym

Cost: Free

**Make an appointment** using the following link:

https://www.signupgenius.com/go/10C0E49ADAE28A0F5C07-59085892-basd

#### \*If student-athlete played a fall sport, follow these steps:

- 1- Log into the account you created after going to the following website: https://studentcentral.bigteams.com/
- 2 Scroll down and click on Form 7 (Re-Certification/Winter); fill in all areas
- 3 Click sign and save

If you have questions, please contact athletic trainer Brianna Walter (<u>brianna.walter@sluhn.org</u>) or athletic clerk Michael Blouse (<u>mblouse@basdschools.org</u>).



# BigTeams Student Central Parents – Create Your Student Account Help Guide

- 1. Go to https://studentcentral.bigteams.com/
- 2. Click Sign Up to Create New Account and complete four step account creation
  - Who is this account for? Select Parent/Guardian
  - What School are you registering for? Freedom High School, Bethlehem
  - o Input your Personal Information for your Parent/Guardian account
  - o Input Username (Your Email) and Create Password
- 3. From the Linked Accounts page in **My Profile**, click "+ Link Student Account"
- 4. Search for your Student to see if they have already created an account.
  - NOTE: Check out the Self Help menu for "Account Linking Guide"
- 5. If your student does not have an account, click the hyperlink for "If your student does NOT have an account OR is not yet 13 years old, click HERE" and complete the five steps for creating the student account
- 6. Once created, be sure to input your **EMERGENCY CONTACT** information (Left Navigation under My Profile), and then complete the form requirements by clicking **FORMS** and then **ATHLETIC FORMS**
- 7. After signing the forms as a Parent, navigate back to My Profile followed by Linked Accounts, and have your student(s) use the **Sign In As** button to complete any "Awaiting Athlete Signature" requirements
  - NOTE: Check out the Self Help menu for "(Returning) Student/Parent "Sign In As" Feature" help guide
- 8. Once your forms are approved, a notification will be sent to your listed email address and/or mobile number. Notification settings can be adjusted by going to **My Profile** followed by **Notifications**

Explain "Yes" answers at the bottom of this form.  Circle questions you don't know the answers to.  Has a doctor ever denied or restricted your participation in sport(s) for any reason?  Do you have an onoprose redical condition   24  Do you have an onoprose redical condition   25  Do you have an onoprose redical condition   25  Do you have an onoprose redicines   25  Have you ever taked control the redicines   25  Have you ever passed out Or nearly   25  Have you ever passed out OURING services?  Have you ever passed out OURING services?  Have you ever beast during exercise?  Does you have a flagsent change of the services?  Place you ever passed out OURING services?  Does you have a flagsent of the services?  Place you ever beast during exercise?  Does you have a flagsent of the services?  Place you ever beast during exercise?  Does you have a flagsent of the services?  Place you ever beast during exercise?  Does you have any chest during exercise?  Place you ever had serviced   Heart murrur   25  Has a adoctor ever fold you that you have (check at that steph):  High cholesterod   Heart firection   25  Has a adoctor ever ordered a test for your heart for or stop beats during exercise?  Does you have heart race or stop beats during exercise?  Does you have heart race or stop beats during exercise?  Place you ever had an explain that apply:  High cholesterod   Heart infection   25  Has any family member or relative been disabled from heart disease or ded of heart   25  Does any one in your family have a heart possible of the passed passed or the passed passe	SECTION 5: HEALTH HISTORY									
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problems or sudden death before age 50?  1. Does anyone in your family have Marfan Syndrome?  1. Have you ever peen the night in a hospital?  1. Have you ever had surgery?  1. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle area below.  1. Have you had an broken or fractured bones or dislocated joints? If yes, circle below:  1. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:  1. Have you ever had a stress fracture?  1. Have you been told that you have or have you had any periods have you had mx-ray for atlantoaxial (neck)  1. Have you ever had a stress fracture?  2. Have you ever had a stress fracture?  2. Have you ever had a stress fracture?  2. Have you ever had a stress fracture?  3. Have you ever had any problems with your eyes or vision?  4. Has anyone recommended you change your weight? or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Have you ever had a menstrual period?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habits?  4. Has anyone recommended you change your weight or eating habit	13.			П	П		_			
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15. Have you ever spent the night in a hospital?  16. Have you ever had surgery?  17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:  18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast. or crutches? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast. or crutches? If yes, circle below:  19. Have you ever had a stress fracture?  19. Heve X Shoulder Upper Lower Hip Thigh Knee Calfrishin Ankle Footy Jour weight or eating habits?  20. Have you been told that you have or have you had an x-ray for allantoaxial (neck) instability?  21. Have you regularly use a brace or assistive device?  22. Do you regularly use a brace or assistive device?  38. Have you had any problems with your eyes or vision?  41. Do you wear glasses or contact lenses?  41. Do you wear protective eyewear, such as goggles or a face shield?  42. Are you unhappy with your weight?  43. Are you trying to gain or lose weight?  44. Has anyone recommended you change your weight or eating habits?  50. Do you limit or carefully control what you eat?  45. Do you limit or carefully control what you weight?  46. Do you have any concerns that you would like to discuss with a doctor?  47. Have you ever had a menstrual period?  48. How old were you when you had your first menstrual period?  49. How many periods have you had in the last 12 months?  50. When was your last menstrual period?  49. How many periods have you had in the last 12 months?  50. When was your last menstrual period?  50. When was your last menstrual period?  51. Hereby certify that to the best of my knowledge all of the information herein is true and complete.	14.						_	_		
16. Have you ever had surgery?   17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:   18. Have you had a protection or fractured bones or dislocated joints? If yes, circle below:   19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   41. Do you wear protective eyewear, such as goggles or a face shield?   42. Are you unhappy with your weight?   19. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?   45. Do you limit or carefully control what you ever had a stress fracture?   19. Have you been told that you have or have you had an x-ray for atlantoaxial (neck)   47. Have you ever had a menstrual period?   48. How old were you when you had your first menstrual period?   49. How many periods have you had in the last 12 months?   49. When was your last menstrual period?   49. How many periods have you had in the last 12 months?   50. When was your last menstrual period?   50. When w	15.			_	_		u	ш		
17.   Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:    18.   Have you had any broken or fractured bones or dislocated joints? If yes, circle below:   19.   Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   19.   Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   19.   Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   19.   Have you bear or largery injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   20.   Have you ver had a stress fracture?				ш	ш			П		
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required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:  Head Neck Shoulder Upper Elbow Forearm Fingers and Upper Lower Hip Thigh Knee Calf/shin Ankle Foot/ Toes back back  20. Have you ever had a stress fracture?  21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck)					_					
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Have you been told that you have or have you had an x-ray for atlantoaxial (neck)			you ever had a stress fracture?		_		_	_		
22. Do you regularly use a brace or assistive device?  48. How old were you when you had your first menstrual period?  49. How many periods have you had in the last 12 months?  50. When was your last menstrual period?  #'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	21.			_	_		_	_		
22. Do you regularly use a brace or assistive device?  49. How many periods have you had in the last 12 months? 50. When was your last menstrual period?  #'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		,				•				
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I hereby certify that to the best of my knowledge all of the information herein is true and complete.  Student's Signature		50. When was your last menstrual period?								
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Parent's/Guardian's SignatureDate/	I he	reby certi	fy that to the best of my knowledge	all of the	inform	ation herein is true and complete.				
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 Student's Name
 Age
 Grade

# SECTION 6: PIAA 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's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school. Student's Name \_\_\_\_\_ Enrolled in \_\_\_\_\_ School Sport(s) Height\_\_\_\_\_\_ Weight\_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_\_ Brachial Artery BP\_\_\_\_/\_\_ (\_\_\_/\_\_\_\_, \_\_\_/\_\_\_\_) RP\_\_\_\_\_\_ If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended. Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: 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 ☐ Heart murmur ☐ Femoral pulses to exclude aortic coarctation Cardiovascular Physical stigmata of Marfan syndrome 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, 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 in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: CLEARED Use 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 Recommendation(s)/Referral(s) License #\_\_\_\_ AME's Name (print/type) \_\_\_\_ Address AME's Signature MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_/\_\_/