

How to Complete PIAA CIPPE Section 7 in Healthy Roster

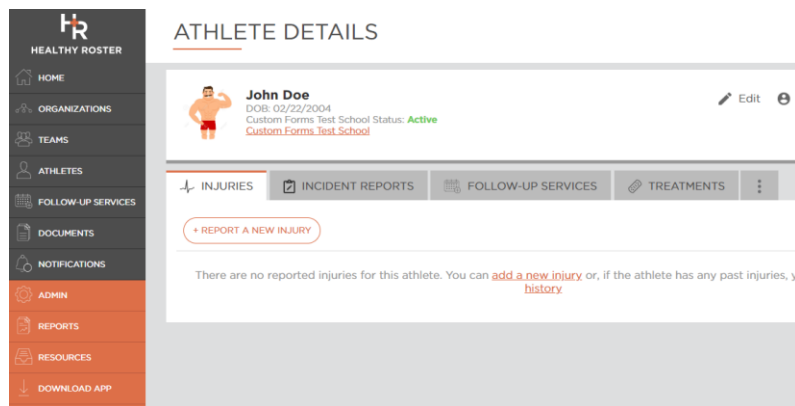
This document is meant to help any parents that are:

- A. Needing help completing PIAA CIPPE Section 7

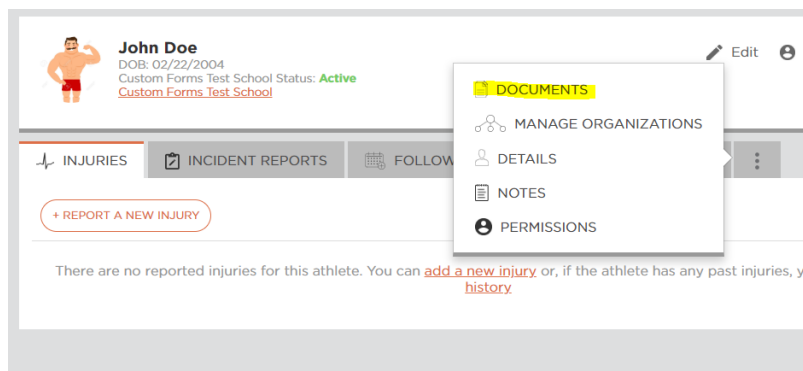
As a reminder: Parents only need to complete PIAA CIPPE – Section 7 if their child is playing more than one sport in the same school year (19/20).

Please follow the step by step instructions below:

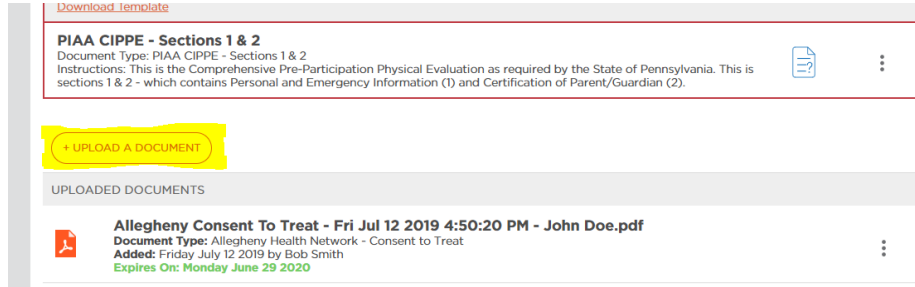
1. Please go into a web browser and visit HealthyRoster.com. This is the easiest way to perform this task. Once you have logged in (same email and password as the app) you will come to your child's profile



2. From here you want to access the documents section of their profile. Once you find it, please click on documents



3. After you are taken to the documents section, you want to find the button to “+ Upload A Document”




[Download Template](#)

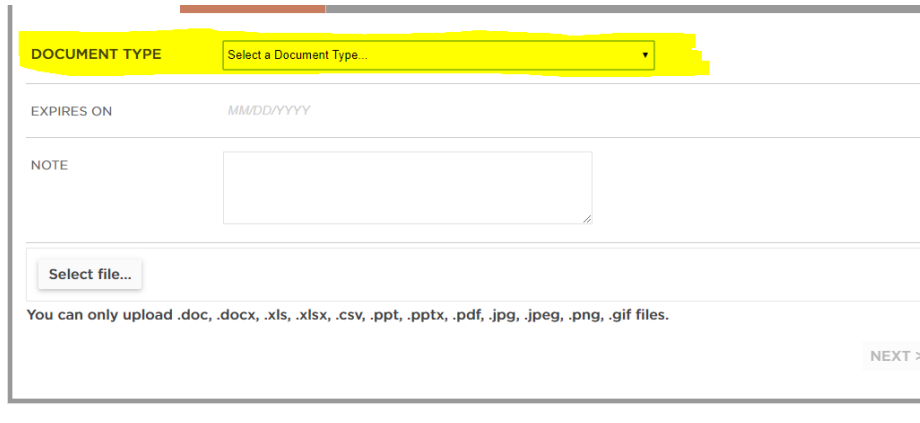
PIAA CIPPE - Sections 1 & 2
 Document Type: PIAA CIPPE - Sections 1 & 2
 Instructions: This is the Comprehensive Pre-Participation Physical Evaluation as required by the State of Pennsylvania. This is sections 1 & 2 - which contains Personal and Emergency Information (1) and Certification of Parent/Guardian (2).

+ UPLOAD A DOCUMENT

UPLOADED DOCUMENTS

 **Allegheny Consent To Treat - Fri Jul 12 2019 4:50:20 PM - John Doe.pdf**
 Document Type: Allegheny Health Network - Consent to Treat
 Added: Friday July 12 2019 by Bob Smith
 Expires On: **Monday June 29 2020**

4. You want to select your document type by choosing PIAA CIPPE – Section 7



DOCUMENT TYPE Select a Document Type...

EXPIRES ON *MM/DD/YYYY*

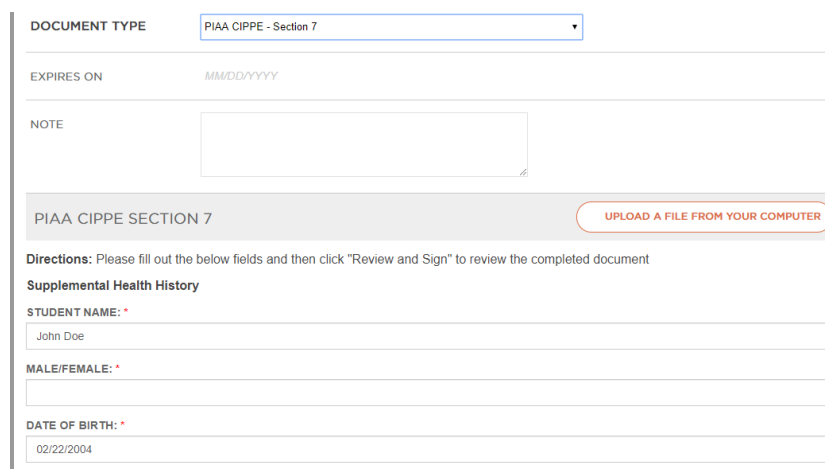
NOTE

Select file...

You can only upload .doc, .docx, .xls, .xlsx, .csv, .ppt, .pptx, .pdf, .jpg, .jpeg, .png, .gif files.

NEXT >

5. Now you can fill out the document online similar too other PIAA CIPPE documents that were filled out online



DOCUMENT TYPE PIAA CIPPE - Section 7

EXPIRES ON *MM/DD/YYYY*

NOTE

PIAA CIPPE SECTION 7 **UPLOAD A FILE FROM YOUR COMPUTER**

Directions: Please fill out the below fields and then click "Review and Sign" to review the completed document

Supplemental Health History

STUDENT NAME: *
John Doe

MALE/FEMALE: *

DATE OF BIRTH: *
02/22/2004

6. After completing the document, you will need to review and sign the document. Please remember that this document requires both a parent and student signature. If you have questions on how to get your child to sign, please see our resource “How to Request your Child’s signature in Healthy Roster”.

The process is now complete. If you have any questions, please don’t hesitate to contact the Athletic Trainer at your school. Thank you for your time!