

## Digital Physical Packet Instructions

Once your child is registered via the Google Forms registration, our athletic trainers will be able to upload your information into Healthy Roster, so keep an eye out in your email for an access code from Healthy Roster. Once you've received the email and set up an account refer to the below instructions to fill out your child's physical packet.

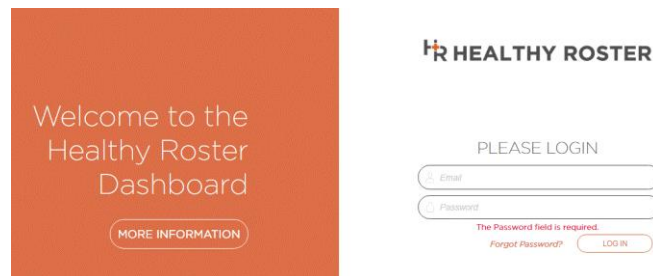
(Healthy Roster general link) <https://www.healthyroster.com/>

(Healthy Roster log-in link) <https://dashboard.healthyroster.com/Account/Login?returnUrl=%2F>

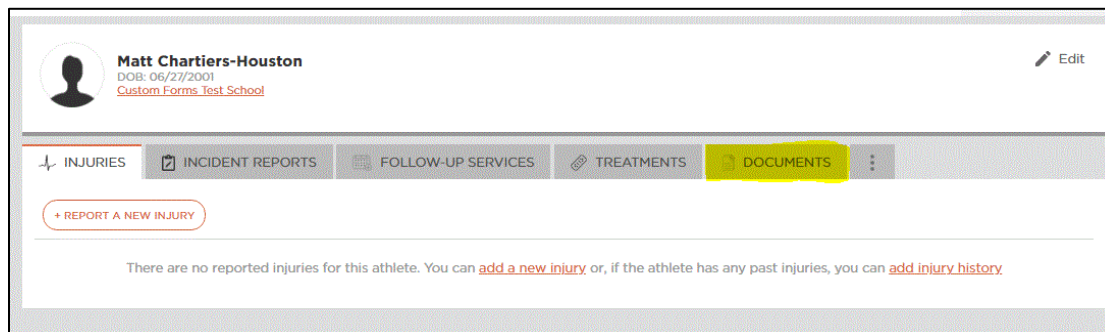
### How to fill out your child's physical on Healthy Roster

Reminder: All portions of the physical must be completed after June 1, 2019 in order to be eligible to participate in 2019/2020 school year sports.

#### 1. Log into Healthy Roster



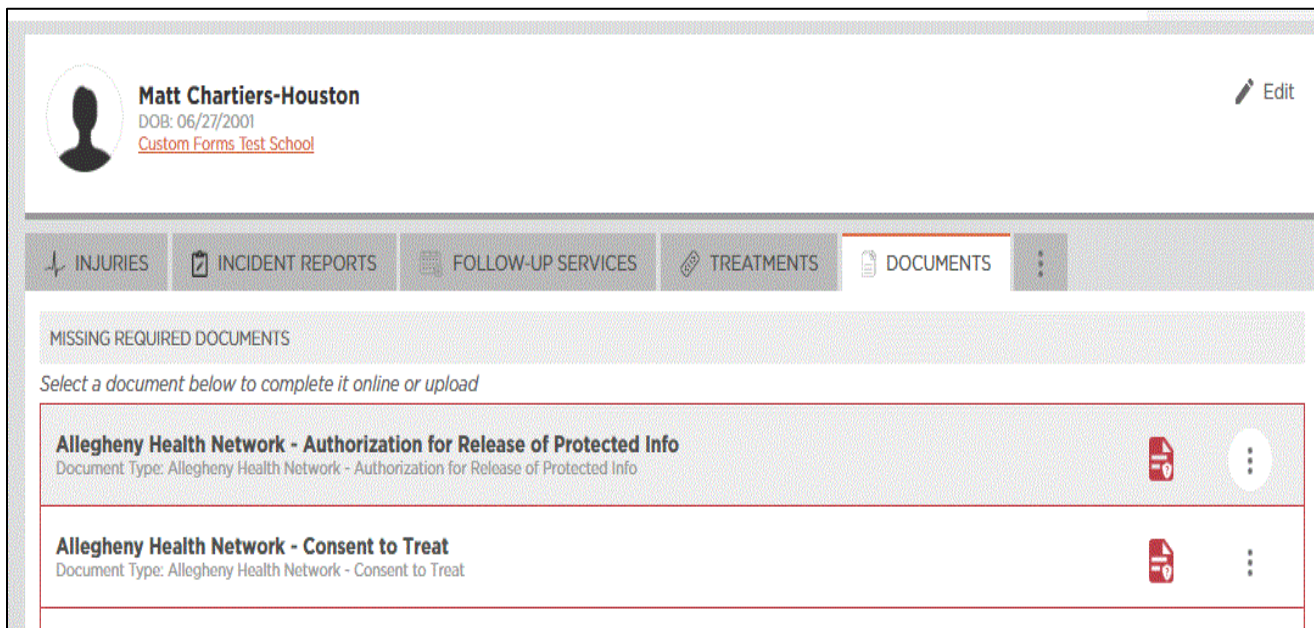
#### 2. Select "Documents" from the tabs



#### 3. Information you will need to fill out

- a. Allegheny Health Network – Authorization for Release of Protected Info (this allows our certified athletic trainers to communicate injuries with coaches to determine the best course of action for your child’s recovery should they sustain an injury)
- b. Allegheny Health Network – Consent to Treat (this allows our certified athletic trainers to evaluate and treat your child for injuries they may sustain)
- c. PIAA CIPPE – Section 1 & 2
- d. PIAA CIPPE – Section 3 & 4
- e. PIAA CIPPE – Section 5
- f. PIAA CIPPE – Section 6 (Must be downloaded, printed, filled out by a doctor and uploaded back into Healthy Roster once complete)
- g. PIAA CIPPE – Section 7 (Recertification form - only required if a student has completed a physical earlier in the school year and is playing a second or third sport later in the year)

Once in the “documents” tab you will see this







**Matt Chartiers-Houston**  
DOB: 06/27/2001  
[Custom Forms Test School](#) Edit

INJURIES INCIDENT REPORTS FOLLOW-UP SERVICES TREATMENTS **DOCUMENTS**

MISSING REQUIRED DOCUMENTS

Select a document below to complete it online or upload

<b>Allegheny Health Network - Authorization for Release of Protected Info</b> Document Type: Allegheny Health Network - Authorization for Release of Protected Info		
<b>Allegheny Health Network - Consent to Treat</b> Document Type: Allegheny Health Network - Consent to Treat		

4. Here you can see what documents have been completed (top of “documents” page) and those that have not been completed (bottom of “documents” page)

**PIAA CIPPE - Section 6 - Download/Upload**  
 Document Type: PIAA CIPPE - Section 6 - Download/Upload  
 Instructions: This is the Comprehensive Pre-Participation Physical Evaluation as required by the State of Pennsylvania. This is section 6 - The comprehensive Pre-Participation Physical Evaluation / Certification of Authorized Medical Examiner. This document will need to be downloaded/printed and taken to a physician for signature. Once complete, it can be uploaded here, or scanned using your smartphone/tablet via the Healthy Roster App.  
[Download Template](#)

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+ UPLOAD A DOCUMENT

**DOCUMENTS REQUIRING ATTENTION**

**Allegheny Consent To Treat - Fri Jun 14 2019 10:33:53 AM - Matt Chartiers-Houston.pdf**  
 Document Type: Allegheny Health Network - Consent to Treat  
 Added Friday June 14 2019 by Matthew Dady  
 Expires On: Monday June 29 2020

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**UPLOADED DOCUMENTS**

**PIAA CIPPE - Sections 1 & 2 - Fri Jun 14 2019 10:29:38 AM - Matt Chartiers-Houston.pdf**  
 Document Type: PIAA CIPPE - Sections 1 & 2  
 Added Friday June 14 2019 by Matthew Dady  
 Expires On: Monday June 29 2020

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Documents that have not been completed

Action required/missing info

Completed documents

5. If you make a mistake and must edit the page you will have to delete the one you already created and start over. Though there is an “edit” button it doesn’t allow you to actually edit information because once a document is in the “completed documents” section, it has already been converted into a PDF.

the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in practices, inter-school practices, scrimmages and/or contests in all subsequent sport seasons in the same school year.

+ UPLOAD A DOCUMENT

**DOCUMENTS REQUIRING ATTENTION**

**PIAA CIPPE - Sections 1 & 2 - Thu May 23 2019 6:12:23 PM - Natalie Baldwin-Whiteh**  
 Document Type: PIAA CIPPE - Sections 1 & 2  
 Added Thursday May 23 2019 by Natalie Sorce

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**UPLOADED DOCUMENTS**

**Baldwin Whitehall HS Athlete Agreement & Insurance Waiver - Thu May 23 2019 4:56**  
**Baldwin-Whitehall.pdf**  
 Document Type: Baldwin Whitehall HS - Athlete Agreement & Release  
 Added Thursday May 23 2019 by Natalie Sorce

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- Sign Document
- Request Signature
- Delete
- Edit
- View Details
- Download

6. When providing electronic signatures, please sign as “parent” first.

CONSENT TO SIGN

YOUR NAME  
Matthew Dady

WHO ARE YOU SIGNING AS?  
Parent

SIGNATURE APPEARANCE  
Matthew Dady

By clicking or selecting "I Agree" below you are agreeing to sign this document electronically. You are agreeing that your electronic signature is the same as your handwritten signature for the purpose of validity, enforceability and admissibility.


CANCEL I AGREE

7. You will then be prompted to sign the document by clicking the orange "sign here" arrow

This consent is valid for one (1) year from the date below unless otherwise specified.

I understand that this consent is subject to revocation at any time, except to the extent that AHN has already taken action in reliance upon it. A photocopy or facsimile of this consent will be considered valid

I understand that AHN's Notice of Privacy Practices can be reviewed here: <https://www.ahn.org/notice-of-privacy-practices>

Student Athlete (if over 18) Signature	Date	
 Signature	Date	Witness

8. Enter your child's email for student signatures

REQUEST SIGNATURE

ADDITIONAL SIGNER EMAIL  
mattatc@hotmail.com

ADDITIONAL SIGNER NAME  
Childs Name

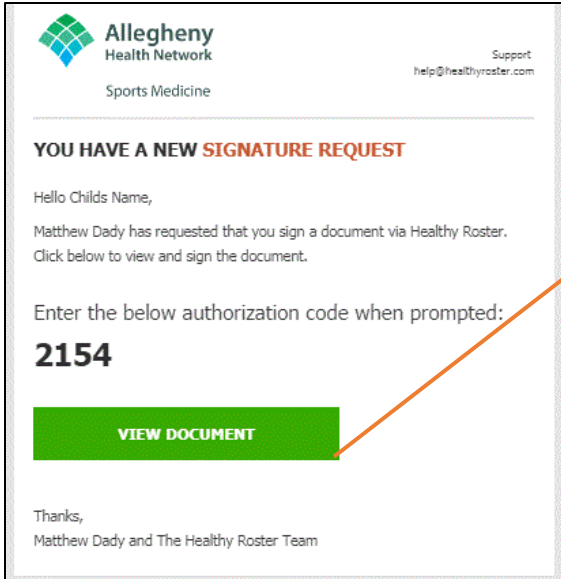
ADDITIONAL SIGNER ROLE  
Student

CANCEL REQUEST SIGNATURE

**Signature Requested**

✓ Signature Request has been sent. You will be notified when Natalie's Child signs the document.

9. The email your child will receive to sign the documents will look like the left-most image below. Select “view document” and follow subsequent steps to have your child sign the documents



Allegheny Health Network  
Sports Medicine

Support  
help@healthyroster.com

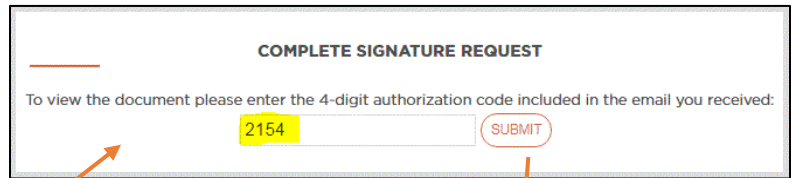
**YOU HAVE A NEW SIGNATURE REQUEST**

Hello Childs Name,  
Matthew Dady has requested that you sign a document via Healthy Roster.  
Click below to view and sign the document.

Enter the below authorization code when prompted:  
**2154**

[VIEW DOCUMENT](#)

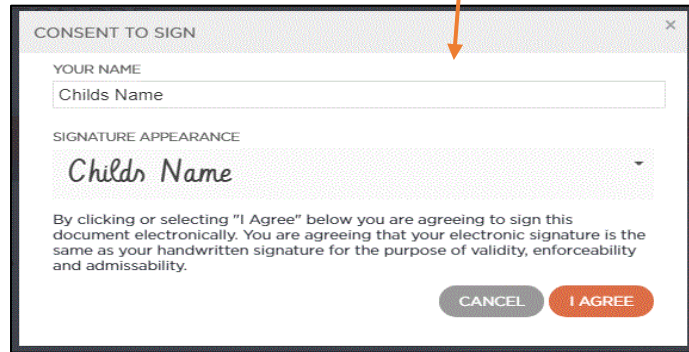
Thanks,  
Matthew Dady and The Healthy Roster Team



**COMPLETE SIGNATURE REQUEST**

To view the document please enter the 4-digit authorization code included in the email you received:

2154 [SUBMIT](#)



**CONSENT TO SIGN**

YOUR NAME  
Childs Name

SIGNATURE APPEARANCE  
Childs Name

By clicking or selecting "I Agree" below you are agreeing to sign this document electronically. You are agreeing that your electronic signature is the same as your handwritten signature for the purpose of validity, enforceability and admissability.

[CANCEL](#) [I AGREE](#)

★ If you run into any issues along the way please contact the athletic trainer. ★

Name	Position	Phone Number	Email
Matthew Dady	Athletic Trainer	412-297-2152	Matthew.Dady@AHN.org