



Pregame EAP Review (*PEAPR*) Report #PregameEAP

The *PEAPR* Report should be completed by the home team's Licensed Athletic Trainer* (LAT) and/or First Responder* (FR) or Gameday Administrator with a copy made available to the visiting team. In an effort to save time you are encouraged to complete as much of the report as is possible prior to attending the *PEAPR* at the event site. It is not necessary to send this report to the NCHSAA, however, please save this report and provide it to the NCHSAA upon request.

*If required by NCHSAA to attend the event.

All Events

1. Sport/Date: _____ / _____
2. Gameday Administrator or designee Name: _____
Gameday Administrator or designee Cell Number: _____
3. Competing Teams: Home _____ Visiting _____
4. Home LAT/FR: Name: _____ Cell Number: _____
Home LAT/FR: Name: _____ Cell Number: _____
5. Visiting LAT/FR: Name: _____ Cell Number: _____
Visiting LAT/FR: Name: _____ Cell Number: _____
6. Lead Official's Name: _____
7. Additional medical personnel attending event is established. (e.g., EMS, MD, DO, PA)
Name(s): _____
8. EAP Reviewed: ____ Yes ____ No EAP location identified: ____ Yes ____ No

Outdoor Events

1. Lightning or thunder disturbances safe shelter and evacuation route identified: ____ Yes ____ No
2. Individual designated to monitor environmental and field/facility conditions. (e.g., thunder and lightning, WBGT, field/facility)
Name: _____ Title: _____
Cell Number: _____
3. Gameday Administrator or designee to notify lead official regarding unsafe environmental and field/facility conditions. (e.g., thunder and lightning, WBGT, field/facility)
Name: _____ Title: _____
Cell Number: _____
4. What is the WBGT, if available, at the beginning of the contest? _____