Sports Physical Packet

- Physicals must be completed by your child’s medical home (primary physician)
- Contact the school nurse for assistance if your child does not have health insurance or a primary physician.
- All forms for emergency medication (inhalers/epipens) must be completed and returned to nurse prior to participation. Forms are available on nurse’s website or in OMS Nurse’s Office.
- Opioid Use and Misuse Fact Sheet- Keep this and review with your child.
- Concussion Fact Sheet- Keep this and review with your child.
- Sudden Cardiac Death in Young Athletes – Keep this and review with your child.

Return with Physicals

- Use and Misuse Of Opioids Drugs Fact sheet Sign Off- signed by student athlete and parent/guardian.
- Concussion Acknowledgement sheet- signed by student athlete and parent/guardian.
- Sudden Cardiac Death Pamphlet Sign Off sheet- signed by student athlete and parent/guardian.
- NJDOE Athletic Preparticipation Physical Evaluation. History form completed by parents. (2 pages) *Note- Students must sign History Form.
- Physical Examination Form & Clearance Form completed by physician/nurse practitioner. (2 pages)
- School district info request to examiner(completed by physician/nurse practitioner) and for school use form(2 pages)

Please Note- 5th graders may participate in cross country only.
Students in grades 6-8 may participate in any sports.
SCHOLASTIC STUDENT-ATHLETE SAFETY ACT
INFORMATION FACT SHEET
FOR PARENTS/GUARDIANS

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six through 12 must present a completed pre-participation physical evaluation (PPE) form to the designated school staff member. Important information regarding the PPE is provided below, and you should feel free to share with your child’s medical home health care provider.

1. The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment professional development module. It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE.

2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in English and Spanish at http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf.

3. The parent/guardian must complete the History Form (page one), and insert the date of the required physical examination at the top of the page.

4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form (page two), if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.

5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the Physical Examination Form (page three) and Clearance Form (page four).

6. The school district must provide written notification to the parent/guardian, signed by the school physician, indicating approval of the student’s participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student’s participation.

7. For student-athletes that had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed, and signed by the student’s parent/guardian. The HHQ must be reviewed by the school nurse and, if applicable, the school’s athletic trainer. The HHQ is available at http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf.

For more information, please review the Frequently Asked Questions which are available at http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf. You may also direct questions to Eileen Latini, Olson School Nurse 609-268-0153 x1005
latinie@tabschools.org
OPSIID USE AND MISUSE
EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller. It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.

This educational fact sheet, created by the New Jersey Department of Education as required by state law (N.J.S.A. 18A:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications. It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied. In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening, such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the New Jersey Department of Health.

What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

• The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.

• Ice therapy can be utilized appropriately as an anesthetic.

• Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.

• In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;

• Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and

• Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.
Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.3

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.4

What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:

**PREPARE** Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.

**CONDITIONING** Maintain a good fitness level during the season and offseason. Also, important are proper warm-up and cooldown exercises.

**PLAY SMART** Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.

**ADEQUATE HYDRATION** Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.

**TRAINING** Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.

**REST UP** Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.

**PROPER EQUIPMENT** Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

- National Council on Alcoholism and Drug Dependence - NJ promotes addiction treatment and recovery.
- New Jersey Department of Health, Division of Mental Health and Addiction Services is committed to providing consumers and families with a wellness and recovery-oriented model of care.
- New Jersey Prevention Network includes a parent's quiz on the effects of opioids.
- Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.
- Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.
- Partnership for a Drug Free New Jersey is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.
- The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.
- Youth IMPACTing N.J. is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

**References**
- Massachusetts Technical Assistance Partnership for Prevention
- Centers for Disease Control and Prevention
- New Jersey State Interscholastic Athletic Association (NJSSIAA) Sports Medical Advisory Committee (SMAC)
- Athletic Management, David Gillan, athletic trainer, Ewing High School, NJSSIAA SMAC
- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- USA TODAY
- American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's Alcohol, Tobacco, and Other Drug Use webpage.

Sports-Related Concussion and Head Injury Fact Sheet

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

Quick Facts:
- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)
- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties
  (e.g., unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)
- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion
Tabernacle Township Schools
Health Offices
(609) 268-0153

Barbara Wisniewski, RN, BSN, CSN
Tabernacle Elementary School Nurse
Office Extension 2002

Eileen Latini, RN, BSN, CSN
Olson Middle School Nurse
Office Extension 1005

What Should a Student-Athlete do if they think they have a concussion?
• Don’t hide it. Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
• Report it. Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
• Take time to recover. If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?
• Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
• Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
• Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?
• To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes recovery.
• Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
• Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:
• Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
• Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
• Step 3: Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement.
• Step 4: Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
• Step 5: Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
• Step 6: Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:
www.cdc.gov/concussion/sports/index.html www.nfhs.com

KEEP THIS PAGE!!

Return Parent/Guardian Acknowledgement Form

----------------------------------------------------------
TES Health Office
141 New Road, Tabernacle, NJ 08088
FAX: 609-268-3233

OMS Health Office
132 New Road, Tabernacle, NJ 08088
FAX: 609-268-6943
Sudden Cardiac Death in Young Athletes

The Basic Facts on Sudden Cardiac Death in Young Athletes

What are the Most Common Causes?

- Sudden Cardiac Death in Young Athletes

- Sudden Cardiac Death in Young Athletes

How common is sudden death in young athletes?

About 100,000 per year.

What is Sudden Cardiac Death in Young Athletes?

Cardiac arrest that occurs unexpectedly during or immediately after physical activity.

Where is Sudden Cardiac Death in Young Athletes most common?

Athletes in high school, college, and professional sports.

Why does Sudden Cardiac Death occur?

- Heart disease or abnormal heart rhythms
- Family history of sudden death
- Premature atherosclerosis
- Uncommon genetic disorders

What can be done to prevent sudden death?

- Physical exams
- EKG screening
- Awareness and education

Resources:

- American Heart Association
- National Center for Safe Sport
- American College of Sports Medicine

Collaborating Agencies:

- American Heart Association
- National Center for Safe Sport
- American College of Sports Medicine

Website Resources:

- AmericanHeart.org
- NCSAF.org
- ACSM.org
Sudden Cardiac Death in Young Athletes

When should a student athlete see a heart specialist?

Heart specialists

- Electrocardiogram (EKG)
- Exercise stress test
- Echocardiogram
- Genetic testing

What are the current recommendations for return to play after a cardiac event?

- No return to play if there is a risk of sudden cardiac death
- Return to play if there is no risk of sudden cardiac death
- Return to play with restrictions if there is a low risk of sudden cardiac death

Prevention

- Education
- Early detection
- Treatment

What is the role of the team physician?

- Evaluate the athlete's medical history
- Order necessary tests
- Make recommendations for return to play

What is the role of the coach?

- Communicate with the team physician
- Be aware of the athlete's medical history
- Adjust training and competition

What is the role of the athlete?

- Share all medical information with the team physician
- Be aware of symptoms and seek medical attention
- Take responsibility for returning to play safely

What is the role of the parent?

- Support the athlete's medical treatment
- Communicate with the team physician and coach
- Be aware of the athlete's medical history

What is the role of the school?

- Implement cardiac screening programs
- Provide access to medical professionals
- Ensure communication between the team physician, coach, and athlete

What is the role of the community?

- Support cardiac screening programs
- Educate the community about sudden cardiac death
- Advocate for appropriate medical treatment

What is the role of the government?

- Implement laws and regulations for cardiac screening
- Support research and development
- Provide financial support for cardiac screening programs
Use and Misuse of Opioid Drugs Fact Sheet
Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete’s or cheerleader’s first official practice of the school year.

Name of School:

Name of School District (if applicable):

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature:

Parent/Guardian Signature (also needed if student is under age 18):

Date:

¹Does not include athletic clubs or intramural events.
Parent/Guardian Acknowledgement Form

I acknowledge that I have received the **Sports-Related Concussion and Head Injury Fact Sheet**.

<table>
<thead>
<tr>
<th>Signature of Student-Athlete</th>
<th>Print Student-Athlete's Name</th>
<th>Date</th>
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<tr>
<th>Signature of Parent/Guardian</th>
<th>Print Parent/Guardian's Name</th>
<th>Date</th>
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State of New Jersey
DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: ____________________________________________

Name of Local School: ____________________________________________

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: ____________________________________________

Parent or Guardian
Signature: ____________________________________________

Date: ____________________________

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlete Safety Act, P.L. 2013, c.71
PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

Name ________________________________
Date of birth _______________________
Sex _______ Age _______ Grade _______ School _______ Sport(s) _______

Date of Exam __________

MEDICINES AND ALLERGIES: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? [Yes] [No] If yes, please identify specific allergy below. 
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?
   [Yes] [No]
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Asthma ☐ Asthma ☐ Diabetes ☐ Infections Other:
   [Yes] [No]
3. Have you ever spent the night in the hospital?
   [Yes] [No]
4. Have you ever had surgery?
   [Yes] [No]

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out during or after exercise?
   [Yes] [No]
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
   [Yes] [No]
7. Does your heart ever race or skip beats (irregular beats) during exercise?
   [Yes] [No]
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection
   ☐ Kawasaki disease Other:
   [Yes] [No]
9. Has a doctor ever ordered a test for your heart? (For example, ECG, EKG, echocardiogram)
   [Yes] [No]
10. Do you get lightheaded or feel more short of breath than expected during exercise?
    [Yes] [No]
11. Have you ever had an unexplained seizure?
    [Yes] [No]
12. Do you get more tired or short of breath more quickly than your friends during exercise?
    [Yes] [No]

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?
    [Yes] [No]
14. Does anyone in your family have hypertrrophic cardiomyopathy, Marfan syndrome, ehrlich’miognic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
    [Yes] [No]
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
    [Yes] [No]
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?
    [Yes] [No]

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    [Yes] [No]
18. Have you ever had any broken or fractured bones or dislocated joints?
    [Yes] [No]
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or stitches?
    [Yes] [No]
20. Have you ever had a stress fracture?
    [Yes] [No]
21. Have you ever been told that you have or have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfish)
    [Yes] [No]
22. Do you regularly use a brace, orthotics, or other assistive device?
    [Yes] [No]
23. Do you have a bone, muscle, or joint injury that bothers you?
    [Yes] [No]
24. Do any of your joints become painful, swollen, feel warm, or look red?
    [Yes] [No]
25. Do you have any history of juvenile arthritis or connective tissue disease?
    [Yes] [No]

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
    [Yes] [No]
27. Have you ever used an inhaler or taken asthma medicine?
    [Yes] [No]
28. Is there anyone in your family who has asthma?
    [Yes] [No]
29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spine, or any other organ?
    [Yes] [No]
30. Do you have groin pain or a painful hulge or harrh in the groin area?
    [Yes] [No]
31. Have you had a hernia or inguinal hernia?
    [Yes] [No]
32. Have you had infectious mononucleosis (mono) within the last month?
    [Yes] [No]
33. Do you have any rashes, pressure sores, or other skin problems?
    [Yes] [No]
34. Have you had a herpes or MRSA skin infection?
    [Yes] [No]
35. Have you ever had a head injury or concussion?
    [Yes] [No]
36. Have you had a history of seizures or fit disorder?
    [Yes] [No]
37. Do you have headaches with exercise?
    [Yes] [No]
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
    [Yes] [No]
39. Have you ever been unable to move your arms or legs after being hit or falling?
    [Yes] [No]
40. Have you ever become ill while exercising in the heat?
    [Yes] [No]
41. Do you get frequent muscle cramps when exercising?
    [Yes] [No]
42. Do you or someone in your family have sickle cell trait or disease?
    [Yes] [No]
43. Have you had any problems with your eyes or vision?
    [Yes] [No]
44. Have you had any eye injuries?
    [Yes] [No]
45. Do you wear glasses or contact lenses?
    [Yes] [No]
46. Do you wear protective eyewear, such as goggles or a face shield?
    [Yes] [No]
47. Do you worry about your weight?
    [Yes] [No]
48. Are you trying to or has anyone recommended that you gain or lose weight?
    [Yes] [No]
49. Are you on a special diet or do you avoid certain types of foods?
    [Yes] [No]
50. Have you ever had an eating disorder?
    [Yes] [No]
51. Do you have any concerns that you would like to discuss with a doctor?
    [Yes] [No]

FEMALES ONLY

52. Have you ever had a menstrual period?
    [Yes] [No]
53. How old were you when you had your first menstrual period?
    [Yes] [No]
54. How many periods have you had in the last 12 months?
    [Yes] [No]

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete __________________________ Signature of parent/guardian ______ Date ______


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.77
## Preparticipation Physical Evaluation

**THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM**

Date of Exam  
Name  
Sex  
Age  
Grade  
School  
Sport(s)  
Date of birth  

1. Type of disability  
2. Date of disability  
3. Classification (if available)  
4. Cause of disability (birth, disease, accident/trauma, other)  

5. List the sports you are interested in playing:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>6. Do you regularly use a brace, assistive device, or prosthesis?</td>
<td></td>
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</tr>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
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<tr>
<td>8. Do you have any rash(es), pressure sores, or any other skin problems?</td>
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<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
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<tr>
<td>10. Do you have a visual impairment?</td>
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<tr>
<td>11. Do you use any devices to assist bowel or bladder function?</td>
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</tr>
<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Have you had autonomic dysreflexia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have muscle spasticity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here

---

Please indicate if you have ever had any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial Instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here

---

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete  
Signature of parent/guardian  
Date  

Preparticipation Physical Evaluation
Physical Examination Form

Name ___________________________ Date of birth ___________________________

PHYSICIAN REMINDERS
1. Consider additional questions on more sensitive issues
   □ Do you feel stressed out or under a lot of pressure?
   □ Do you ever feel sad, hopeless, depressed, or anxious?
   □ Do you feel safe at your home or residence?
   □ Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   □ During the past 30 days, did you use chewing tobacco, snuff, or dip?
   □ Do you drink alcohol or use any other drugs?
   □ Have you ever taken anabolic steroids or used any other performance supplement?
   □ Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   □ Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION

Height ______ Weight ______ □ Male □ Female

BP / ( / ) Pulse → Vision R 20/ L 20/ Corrected □ Y □ N

MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan stigmata (hypertelorism, high-arched palate,pectus excavatum, arachnodactyly, arm span &gt; height, hypertelorism, myopia, MVP, aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart*</td>
<td></td>
</tr>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PM)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HSIL lesions suggestive of MRS, linea corporis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic*</th>
</tr>
</thead>
</table>

MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back</td>
</tr>
<tr>
<td>Shoulder/arm</td>
</tr>
<tr>
<td>Elbow/forearm</td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
</tr>
<tr>
<td>Hip/High</td>
</tr>
<tr>
<td>Knee</td>
</tr>
<tr>
<td>Leg/ankle</td>
</tr>
<tr>
<td>Foot/legs</td>
</tr>
<tr>
<td>Functional</td>
</tr>
<tr>
<td>Duck-walk, single leg hop</td>
</tr>
</tbody>
</table>

*Consider ECG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.
*Consider ECG if in private setting. Having third party present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ___________________________

☐ Not cleared
   ☐ Pending further evaluation
   ☐ For any sports
   ☐ For certain sports ___________________________

   Reason ____________________________________________________________

Recommendations ______________________________________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APRN), physician assistant (PA) (print/type) ___________________________ Date ____________
Address ___________________________ Phone ___________________________
Signature of physician, APRN, PA ___________________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
9/2015/510
PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _______________________________ Sex □ M □ F Age ______________ Date of birth ______________

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ______________________________

☐ Not cleared
☐ Pending further evaluation
☐ For any sports
☐ For certain sports ______________________________

Reason ______________________________

Recommendations ______________________________

______________________________
______________________________
______________________________
______________________________

EMERGENCY INFORMATION

Allergies ______________________________

______________________________
______________________________
______________________________
______________________________

Other information ______________________________

______________________________
______________________________
______________________________
______________________________

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on ________________ (Date)

Approved _____ Not Approved _____

Signature: ______________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) ______________________________ Date ______________

Address ______________________________ Phone ______________________________

Signature of physician, APN, PA ______________________________

Completed Cardiac Assessment Professional Development Module

Date ______________ Signature ______________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
To the Examining Healthcare Provider:

In order to insure that the school health office has a completed and updated health record for the student, please complete the information below.

Thank you for your cooperation.

Medications currently prescribed, with dose and frequency:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Most recent immunizations and dates administered:

________________________________________________________________________

________________________________________________________________________

Date of exam ___________________
NOTE: N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation becomes part of the student's health record.

History and Physical Reviewed By: ___________________________ Date: ________________

School Physician

Medical Eligibility Notification sent to Parent or Guardian (Date/Initial)____________________

Parent notification indicates that:

_____ Participation Approved without Limitations

_____ Participation Approved with Limitations pending evaluation

_____ Participation NOT approved

Reason(s) for Disapproval: ____________________________________________________________

________________________________________

RESERVED FOR SCHOOL DISTRICT USE