ATTENTION PARENT/GUARDIAN: The preparticiaption physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

J 17	EPARTICIPATION PHYSIC STORY FORM	∪/ \ }	I	ALUATION				
		prior to	seeing .	the physician. The physician should keeps copy of this form in the c	chert.))		
lame	ate of Elam			Date of birth				
ex	Age Grade Scho	ool		Sport(s)				
Medicines	and Altergles: Please list all of the prescription and over-	the-ca	inter me	dicines and supplements (herbal and nutritional) that you are currently to	king			
Do you tay	ve any ellergles? Yes No if yes, please iden	itify spe	cific alle	ngy below.				
☐ Med ch	nes Pottens			Ci Food Ci Stinging Insects				
	^a answers below. Circle questions you don't know the ans	wers t	<u> </u>		<u> </u>	- -		
BENERAL OI	UESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	R		
1. Has a do	octor ever denied or restricted your participation in sports for son?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		L		
2. Do you h	have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhalar or taken asthma medicine?		<u> </u>		
	☐ Asihma ☐ Anemia ☐ Diabeles ☐ Infections			28. Is there anyone in your family who has esthma?				
Other _ 3. Have you	u ever spant the night in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		L		
4. Have you	u ever had surgery?			30. Do you have groin pain or a painful bulge or hamla in the groin area?				
HEART HEAL	ath Questions about you	Yeş	No	\$1. Have you had infectious mononucleosis (mono) within the last month?				
5. Have you	u ever passed out or naarly passed out DURING or			\$2. Do you have any rashae, pressure sores, or other skin problems?				
AFTER e				33. Have you had a herpes or MRSA skin infection?		<u> </u>		
	e ever had discomfort, pain, tightness, or pressure in your uring exercise?		1	34. Have you ever had a head injury or concussion?		L.,		
	uring exercisor sur heart ever rece or skip beals (irregular beals) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, problems?				
	octor over told you that you have any heart problems? If so,			36. Bo you have a history of setzure disorder?				
	il that apply: It blood oressure			37. Do you have headaches with exercise?		Г		
□ H _S h	h cholesterol			38. Have you ever had numbness, thigting, or weakness in your arms or logs after being hit or falling?				
9. Has a do	vasaki disease Other:			39. Have you ever been unable to move your arms or tegs after being bit or failing?				
	get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?				
during e	xercise?			41. Do you get frequent muscle cramps when exercising?		<u> </u>		
	u ever had an unexplained seizure?			42. Do you or someone in your family have sickle cell trait or disease?		_		
	get more tired or short of breath more quickly than your inlends	1		43. Have you had any problems with your eyes or vision?				
	exercise? NITH QUESTIONS ABOUT YOUR FAMILY	V00	No	44. Have you had any eye injuries?		┖		
		Yeş	Ha	45. Do you wear glasses or contact tenses?		<u> </u>		
	r family member or relative died of heert problems or had an cted or unexplained sudden death before age 60 (including	l	1 1	46. Do you wear protective eyewear, such as goggles or a face shield?		L		
	ng, unexplained car accident, or sudden infant death syndroma)?			47. Do you worry about your weight?		▙		
syndron	nyone in your tamby have hypertrophic cardiomyopathy, Martan ne, ambythmogenic right ventricular cardiomyopathy, long QT			Are you trying to or has anyone recommanded that you gain or toss weight?		L		
nárbnye	ne, short QT syndrome, Brugada syndrome, or catecholaminergic			49. Are you on a special diet or do you avoid certain types of foods?		_		
	rphic ventricular tachycardia?	-		5D. Have you ever had an eating disorder?		<u> </u>		
implante	nyons in your family have a heart problem, pacamaker, or and delibrilator?		l	\$1. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY	,	┝		
16. Has any seizures	yone in your family had unexplained fainting, unexplained s, or near drowning?			52. Have you ever had a menstrual period?				
BONE AND	JOINT QUESTIONS	Yes	No	\$3. How old were you when you had your first menstrual period?				
	ou ever had an Injury to a bone, muscle, ligament, or tendon used you to miss a practice or a game?			54. How many periods have you had in the last 12 months?				
	ou ever had any broken or fractured bones or dislocated joints?	-		Explain "yes" answers here				
	ou ever had an injury that required x-rays, MRI, CT scan, os, therapy, a brace, a cast, or crutches?							
	ou ever had a stress fracture?	 						
21. Have yo	ou ever been told that you have or have you had an x-ray for neck	†						
	ity or atlantoaxial Instability? (Down syndrome or dwartism)	 		 				
	regularly use a brace, orthotics, or other essistive device?	 	-	,				
_	have a bone, muscle, or joint injury that bothers you?	 	<u> </u>		•			
24. UD BINY	ut your joints become painful, swollen, feel warm, or look red?	1	1					

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of parent/guardian Oate

© 2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Osteopathic Academy of Sports Medicine Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

25. Do you have any history of juvenile arthritis or connective tissue disease?

FORM	SUPPLEMENTAL HISTORY	
YEEDS:	THE ATHLETE WITH SPEC	٠, ــــــــــــــــــــــــــــــــــــ
NOITAUJA	PREPARTICIPATION PHYSICAL EV	題~

the market the comment of the commen	opelo. One deminy of Femily Physiciens, formatican Academy of Pediatrics, formatical Cologo The State Medicine, and character Ostsopathic Academy of Sports Medicine, formation to g	6 2010 t
	operate Statement of teaching and teaching a	Signatura
ded	refress/traves to and seed	
Josno bas etal	arise that, to the best of my limowladge, my answers to the above questions are comp	Vdarad I
	year answers bore	" ताड विद्य ी
	(B)	le xets.l
		Spina bi
	Many to walk	
	stange in coordination	
	1991 to agai rul ag	
	shosd to erms of sa	SOLD (SS/V)
	se or tinging in lags or feet	
	street to earns of grillgoit to ea	
	tedest grifformer	
	seconogeaso no sir mening power	
		Hepatitis
		Enlarged
		E88y bise
	(eno nati enom) atnioj b	Distocate
	Vilidated letreofnethe tol nother	
	Villdstad to	xeotrellA
ca stal	left in the state of the state	
and the same of th	eats if you have ever had any of the following.	bril essel9
	enst enswers "as	
	u have frequent setzures that cannot be controlled by medication?	18. Do yo
	Vyisata epasticity?	15. Do yo oy od .81
USSOUT USE OF THE PROPERTY OF	you even besn disgnosed with a heat-related (hyperthermis) or cold-related (hypothermis) is	16, Have 15, Do yo 18, Do yo
Ussou	you had eutonomie dysreflacie? You ever been disgnosed with e heat-related (hyperthermis) or cold-related (hypotharmis) is I have musele expeditive?	13. Have 14. Have 15. Do yo 18. Do yo
Usseu	u have buming or discominat when winsilng? you had sufenomic dysreffeate? yes ever been disgnosed with a heat-related (hyperthermis) or cold-related (hypothermis) is u have musaka spasificity?	12. Do ye 13. Have 14. Have 15. Do yo
	u use siny apecial davices for bowel or bladder function? you had surconomic dysreflexia?	11, Do ya 12, Do ya 16, Have 16, Do ya 16, Do ya
	n pass umaga abaapqis). Aon pag entenomic qivetagengay. In pasa pumpili ot qiacompot wipa mushing). In pasa suvi abedgi qavicae tot powej ot pisqqa (michous) et cojq-rajapq (pishoqiramigi) in In pasa suvi abedgi qavicae tot powej ot pisqqa fumcijou). In pasa a visnaj lumbatusut.	10. Do ya 11. Do ya 12. Do ya 14. Haya 16. Do yo 18. Do yo
	n jase umade ebestjolity? n jase umade ebestjolity? n iase siny ebedgi gaylosed with a justi-related (hyperthermis) or cold-related (hypothermis) is ness siny epedgi gaylose for bowel or bisder timicilon? n iase siny epedgi gaylose for bowel or bisder timicilon? n jase bruning or discomitor when mineling? n jase siny epedgi gaylose for bowel or bisder timicilon? n jase siny epedgi gaylose (hypothermis) or cold-related (hypothermis) is ness siny entire timicilon.	9. Do ye 10. Do ye 11. Do ye 12. Do ye 16. Do ye 18. Do ye 18. Do ye
	u have eny reshes, pressure sores, or any other aftin problems? u have a visual impelment? u use any special davices for bowel or bladder function? u use any special davices for bowel or bladder function? u isave burning or discomitori when urbraiting? u isave burning or discomitori when urbraiting? u isave musade spestibity?	8. Do ye 9. Do ye 10. Do ye 11. Do ye 13. Haye 16. Do ye 16. Do ye 18. Do ye
	u use any epecial brace or essistive device for eperia? u have any mathes, pressure sorces, or any other eithn probleme? u have a visual impelment? u use any epecial devices for bowel or bisides function? u use any epecial devices for bowel or bisides function? u uses any epecial devices for bowel or bisides function? u insve burning or discomfort when with although you had autonomic dysreflexie? you ever been disgnosed with a frest-related (hyperfluernis) or cold-related (hyporhamis) is a brace or ansata spasificity?	7. 50 ye ye 8. Do ye 8. Do ye 9. 09. 69. 99. 10. 10. ye 12. 12. Do ye 13. Have 13. Have 13. Have 14. Have 15. Do ye 16. Do ye
C8 632	u have eny reshes, pressure sores, or any other aftin problems? u have a visual impelment? u use any special davices for bowel or bladder function? u use any special davices for bowel or bladder function? u isave burning or discomitori when urbraiting? u isave burning or discomitori when urbraiting? u isave musade spestibity?	7. 50 ye ye 8. Do ye 8. Do ye 9. 09. 69. 99. 10. 10. ye 12. 12. Do ye 13. Have 13. Have 13. Have 14. Have 15. Do ye 16. Do ye
	u use any epecial brace or essistive device for eperia? u have any mathes, pressure sorces, or any other eithn probleme? u have a visual impelment? u use any epecial devices for bowel or bisides function? u use any epecial devices for bowel or bisides function? u uses any epecial devices for bowel or bisides function? u insve burning or discomfort when with although you had autonomic dysreflexie? you ever been disgnosed with a frest-related (hyperfluernis) or cold-related (hyporhamis) is a brace or ansata spasificity?	6. 00 yd 8. 00 yd 8. 00 yd 10. 00 yd 11. 00 yd 12. 00 yd 12. 00 yd 13. Have 16. 00 yd 16. 00 yd 17. Have 18. 00 yd 18. 00 yd 18. 00 yd
	u regularly use a brace, assistive device, or prostherity u use any special brace or assistive device for sports u use any especial braces or easts of any other stur problems? u have a visual impelment? u use a visual impelment? u use any special devices for bowel or bladder function? u use any special devices for bowel or bladder function? vou had autonomic dyselfacia? vou had autonomic dyselfacia? u have musals especialcity? u have musals especialcity?	6. 10 yd 6. 50 yd 7. 50 yd 8. 50 yd 10. 60 yd 11. 50 yd 12. 50 yd 13. 10 yd 14. 16 yd 15. 50 yd 16. 50 yd 16. 50 yd 17. 50 yd 18. 10 yd
	se sports you are interested in playing or prosthety use a brace, assistive device, or prosthety? In use any special brace or assistive device for sports? In the any special brace or essistive device for sports? In the action brack of prost or any other stin problems? In the action brack of prosts or bracks function? In the action of discoming when when unreling? In the action of discoming when when unreling? In the action of discoming who is test-related (hyperthemis) or cold-related (hypothemis) is an action or desired with a frest-related (hyperthemis) or cold-related (hypothemis) is a brack action or desired with a frest-related (hyperthemis) or cold-related (hypothemis) is a brack action or devention of the cold-related (hyperthemis) is a brack action of the prost of the cold-related (hyperthemis) is a brack action of the prost of the cold-related (hyperthemis) is a brack action of the cold-related (hyperthemis) is a brack actio	4. Cens 6. User 1 6. Do ye 7. Do ye 10. Do ye 11. Do ye 12. Do ye 13. Have 14. Have 16. Do ye 16. Do ye 17. Have 18. Do ye 18.
	dieshing (dieshing) lication (diespiese), accident/trauma, other) lo diespiese), diesese, accident/trauma, other) lo aporta you are interested in playing u use any special brace or accidence or uncontracto? u tere any special brace or accidence or	2. Data 3. Class 4. Caus 6. Do yo 7. Do yo 11. Do yo 12. Do yo 13. Have 14. Do yo 15. Do yo 16. Do yo 17. Do yo 18. Do yo 19.
	describing (pluta, desease, secident/traums, other) to describly (pluta, desease, secident/traums, other) to eporte you are interested in playing to use any special brace or sestative device tor sporte? Unave any restrace, presence sorce, or any other aith problems? Unave a hearing brace for use a bracing aid? Unave a visual Impalment? Unave a visual Impalment? Unave purning or discomfort when unfaiting? Vou is a strongle for or discomfort when unfaiting? Vou is a strongle for discomfort when unfaiting? Vou is a strongle dyselfacte?	2. Data 3. Class 4. Caus 6. Do yo 7. Do yo 10. Do yo 11. Do yo 12. Do yo 13. Have 14. Have 15. Do yo 16. Do yo 17. Do yo 18. Do yo 19. D
	distability (blyth, disease, accident/braums, cities in the splits) of dissibility (blyth, disease, accident/braums, cities) of dissibility use a brace, assistive device, or prostitette? u use any epecial brace or assistive device for eperia? u tave any erastics, pressure sores, or any other sidn problems? u tave any establing bras? Do you use a bearing sid? u tave any establing bras? Do you use a bearing sid? u tave any establing bras? u tave a visual impairment? u tave any epecial devices for bowel or bisides function? u tave bras descention with a brastical function? you had automortic dysteffectie?	7. Type 2. Data 3. Class 4. Cens 5. Let b 7. Cens 6. Let b 7. Do ye 7. Do ye 11. Do ye 12. Do ye 13. Do ye 14. Have 15. Do ye
Cig in the second secon	diesthiny (birth; diesese, sextdent/treums, other) Jication (Il evaliable) of diesebility (birth; diesese, sextdent/treums, other) of diesebility use a brace, assistive device, or prostrictic? u use any epecial brace or assistive device for eports? u have any eraction press hoses, or any other attra problems? u have a visual impelment? u lasve burning or discomfort when urhaling? u lasve burning or discomfort when urhaling? u have burning or discomfort when urhaling?	3 (1) 1) 1) 1) 1) 10 10 10 10 10 10 10 10 10 10 10 10 10
(a)hrods	Age Videability Adeability Adeability Adeability Adeabase, academytrauma, citror) Adeability Adeabase, academytrauma, citror) Adeabase, casacated in playing Adeabase or acasative device for apparatus Adeabase any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema? A trave any acatea, pressure sonce, or any other akin problema. A trave any acatea, pressure sonce, or any other akin problema; and acteur acatea for the acatea with a freat-related (hyporthermis) are or ever been disgnosed with a freat-related (hyporthermis) or cold-related (hyporthermis) are or sever been disgnosed with a freat-related (hyporthermis) or cold-related (hyporthermis) are any acatea spasificity?	7. Type 2. Data 3. Class 4. Cens 5. Let b 7. Cens 6. Let b 7. Do ye 7. Do ye 11. Do ye 12. Do ye 13. Do ye 14. Have 15. Do ye

New Jersel, Department of Education 2014; Pursuant to P.L. 2013, c.71

NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practician nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PHYSICAL EXAMINATION FORM

		i			
iiciai	v Beminders	1			
و واراناه	ddittonal meetions on more sensitive issues	1			
	foot eleacond out or unifer a lot of DIGSSUIG!				
yo Ada	ever feel sad, hopeless, depressed, or anxious?	į			
• L	feel safe at your home or residence? ou ever tried cigarettes, chewing tobacco, south, or dip?	1			
Turirla i	the nact 30 days, did you use coewing whiteo, built, or o.p.	1			
		-			
		nerfon	mance?		
	ment to be a contract of the part of the p	Politon			
Do ydu	wear a seat but, use a helmet, and use condoms? wear a seat but, use a helmet, and use condoms? reviewing questions on cardiovascular symptoms (questions 5–14).	- 1			
3		-i-			
HINATI			Female		
hi	VICADII		I dillero	L 20/	Corrected D Y D N
	/ Pulso Vision	R 20/	" NOTERAL .		ABNORMAL FINDINGS
IGAL		44	NORMAL		Michigan
		-11	ŀ		
tartaria	tiomate (kyphoscolinsis, high-arrived Dalala, pactus excavatum, aracterocactyry,	- 11	i		
ım spa	n > height, hypertaxity, myopia, MVP, aortic insufficiency)	╌			
	ose/ltroat	1,			
upils e			ļ		
ening		- ;-			
ph not	es	- - -			
n•	to the state of the land of	H	l		
Munnip	s (ausculiation standing, supine, +/- Valsatva)	11			
	of point of maximal impulse (PMI)	-11-			-
388	facing and entire order	- 11			
	neous fenoral and radial pulses	11			
gs		十			
tomen		-11-			
iteuin	ary (mules only) ^a				
n		- 11			
	sions suggastive of MRSA, tinea corports				
urologic					
ISCUL	skeletal	-#-			
ck					
εk		- -			
ouldes/	em			 	
owitor	eam	- ÷		├	
ist/han	oflingers	- :		 	
p/thigh				 	
ee				 	
g/ankle					
ot/toes		_#		 	
inctiona		- 11		ł	
	yaik, single leg hop			ــــــــــــــــــــــــــــــــــــــ	
nsider G nsider c	th, echocardiogram, and referral to cardiology for abnormal cardiac history of exam. Usexam if in private setting. Having third party present is recommended. Sentive evaluation or baseline neuropsychiatric testing if a firstery of algorificant concussion. In for all sports without restriction				
C1	id for all sports without restriction of for all sports without restriction with recommendations for further evaluation or tre	atmen	for		
Cleste	sales on obeats grantes reconstructs and reconstructs	l			· · · · · · · · · · · · · · · · · · ·
		i			
Not cl	ested	:			
-,	Pending further evaluation	l			
		į			
	☐ For any sports	!	!		
	C) For certain sports				
	Reason		·		
		:	!		
ecomm	entations				
	namined the above-named student and completed the preparticipation physic	al evalu	ation. The athlete	does not	present apparent clinical contraindications to practice
articipa rise att	ate in the sport(s) as outlined above. A copy of the physical exem is our costs or the athlete has been cleared for participation, a physician may rescind the cl	earanc n my o	fice and can be ma e until the problem	ade availal Is resolve	d and the potential consequences are completely expl
lame o	hidie (and perents/guardians). If physician, advanced practice nurse (APN), physician assistant (PA) (print/typ)	:		Phone
\ddress					
lddress Sionati	rre of physician, APN, PA				
Signati	ure of physician, APN, PA				A section Address of
Signatu	ure of physician, APN, PA American Academy of Family Physicians, American Academy of Pediatrics, American for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permis			American l	Medical Society for Sports Medicine, American Orthopaedia

M PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

_____ Date of birth Name Sex D M D F Age_ 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 ____ 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 te 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) Address ___ Phone ____ Signature of physician, APN, PA Completed Cardiac Assessment Professional Development Module Date_ _ Signature_ ©2010 Amelican Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.