COMMERCIAL TOWNSHIP SCHOOL DISTRICT

Lynn DiPietropolo
Interim Superintendent/Principal

Tyler Day
Director of Special Services

Lesa Robbins
Business Administrator

Dr. Kerri Zeleniak
Assistant Principal

COMMERCIAL TOWNSHIP SCHOOL

Sports Physical Forms

2026/2027

ANNUAL ATHLETIC SPORTS PHYSICAL INFORMATIONAL PACKET FOR THE ATHLETE AND PARENT/GUARDIAN

COMPLETE AND RETURN TO THE SCHOOL NURSE

Anticipated:
Fall Sport: Cross Country
Winter Sport: Basketball, Cheer
Spring Sport: Volleyball

Places to get sports physicals:

★ Your child's pediatrician

★ Urgent Care:

- Inspira Urgent Care- $50. 7-days a week. M-F 8a-4p, will be seen on the occupational side. If Sa/Su- you have to wait with regular sick visitors to be seen.

- Optum Urgent Care- $40, accepts walk-ins. Check your closest one for times.

★ Complete Care

(works through your insurance or will help you with a payment plan)

- For current or new patients
  - Vineland Complete Care- Sherman Ave- M-Sa 8a-4p
  - Go to their "Right Care" locations:
    - Shopright Landis Ave (check location for times)
  - Bridgeton Complete Care on Irving Ave: M,T, W 5-8pm

★ Complete Care Trailer at the school.

- Will be announced. Space is limited. Processed through your insurance. If there is no insurance, they will work with you. I try to reserve this option for parents with transportation issues, etc. Interested parents please contact me via email or Remind.

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INSTRUCTIONS FOR COMPLETING THE SPORTS PHYSICAL PACKET THAT IS MANDATORY FOR ALL INTERSCHOLASTIC SPORTS, 6-8TH, INCLUDING: Cross country, cheerleading, basketball, and Volleyball.

Parent/Guardian,

This packet is separated into 3 sections. All three sections need your and/or your students' attention and signatures. Some portions are for you both to read and sign accompanying papers and other sections are for you as the parent to fill out and take to the pediatrician.

1. You may return section **one** to me as soon as it's done. You and the student must sign. This can come back to me now or once you get section two back from the pediatrician.
2. Section **two** needs to be dropped off to the pediatrician. You fill out your section and then drop the whole packet to the pediatrician. Pick up or have them fax or scan to my email.
3. The information sheets are for you and the student to read and keep at home.

Please understand that your student **MUST** be cleared by their pediatrician and the school physician in order to even try out. BOTH packets must be returned to me by the dates assigned for the sport.

Sport: Any for 2026-27

Date packets due: Start of school if student is planning on running cross country.

Any questions contact the school nurse, Mrs. Keri Thomas, at 856-785-2333, ext. 2203 or keri.thomas@commercialschools.org. FAX 856-785-8120

Section 1:

Parent and student fill out and sign. Some pages are two sided. Read accompanying information packets with student before signing.

This may be returned right away.

(Please be aware that section two needs to also be turned in order for the sports packet to be completed and the student cannot participate until both packets are returned).

Incomplete forms will be sent back.

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Name:_____ Sport:_____

DOB:_____ Age:_____ Grade:_____

Address:_____

_____

Parent/Guardian Name:_____
Home Phone:_____ Work Phone:_____
Cell Phone:_____
Alternate person to contact if parent/guardian cannot be reached:
Name:_____
Home Phone:_____ Work Phone:_____
Cell Phone:_____

Insurance information:

Insurance Company:_____
Policy/Group #:_____

Medical History Information
Known Medical Problems:_____
Known Allergies:_____
Current Medications:_____

Emergency Consent Authorization

As a parent or guardian of this child, I hereby give consent for him/her to receive any necessary healthcare treatment that may be provided by healthcare providers employed directly or through contract by the school, or the opposing team's school. In the event of a medical emergency, I hereby give consent for any treatment, diagnosis and/or hospital care as deemed necessary by a licensed physician/healthcare professional. This authority is granted only after a reasonable effort has been made to reach me.

_____ _____
Parent/Guardian Signature Date

COMMERCIAL TOWNSHIP SCHOOL ATHLETIC PARTICIPATION CONTRACT

We at Commercial Township School work to develop in each individual, the skills necessary to reach their full potential, to work hard, play hard, building upon our tradition in athletics. To be part of the tradition, certain policies and expectations must be met. The following contract has been established to provide communication between the coach, the student-athlete and the family. The intent of this contract is to prevent any misunderstanding about rules and regulations. We ask that both the student-athlete and the parent/guardian sign this agreement, fully realizing the effort and dedication the program demands. This form needs to be returned with your physical. One contract must be on file for every student-athlete for each sport in which he/she is participating.

1. **Academic Eligibility**
   Each student-athlete must work as hard in the classroom as they do in the athletic arena. Remember you are a student first and an athlete second.
   Please contact your Coach if you have any questions about eligibility.

2. **Participation Regulations**
   In addition to the academic requirements above, each student-athlete must also adhere to the following regulations. Medical Examination-All student athletes must have a current, completed Athletic Pre-Participation Physical Examination Form (Health History and Physical Evaluation) on file in the nurse's office prior to their first practice. (NJAC 6A:16-2.2)

3. **Attendance**
   Attendance is mandatory to all practices, meetings and games. Each student-athlete has an obligation to attend every team session and should expect to be disciplined by the coach when absent from team sessions. There is virtually no reason for missing a team session. Medical and professional appointments should be made at time when practice is not scheduled. If the student-athlete is not feeling well and is unable to participate in practice, the student athlete should still attend the practice so he/she may learn what is being taught. If the student-athlete must miss a practice, he/she must notify the coach in person no later than the previous day. An absence may result in the athlete not being permitted to play in the next game/event. An unexcused absence may result in dismissal from the team. A student-athlete may not participate in a game or practice on any day he/she is absent or tardy to school after the start of 3rd period.

4. **Behavior**
   Student-athletes should abide by the rules set forth by the school district. Deviation from these rules will lead to dismissal from the team. As a representative of Commercial Township School, you will be expected at all times to exemplify good sportsmanship and conduct that does not lend itself to criticism. We expect our student-athletes to have pride in themselves, their teammates and in Commercial Township School.

5. **Attitude**
   Come to practice with a good attitude. Understand that the coaches are there to make you and the team better. Listen to corrections and do not take constructive criticism personally. Coaches and student-athletes are all striving to reach the same goals and if you work cooperatively, then together you will attain your goals. Participation in athletics at Commercial Township School will require a lot of your time. You will be responsible for managing your time to meet all of your obligations.

6. **Communication**
   Communication is of utmost importance for a successful program. Student-athletes must display the ability to take direction, to get along with teammates and the coaching staff and to share information and concerns. Communication is a three way street between the athlete, coaches and parents which must remain open. Student-athletes and parents should not hesitate to ask questions and ask for assistance from the coaching staff.

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a traumatic brain injury that can be caused by a blow to the head or body that disrupts the normal functioning of the brain. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells, disrupting the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting balance, reading (tracking), problem solving, planning, memory, attention, concentration, and behavior. Concussions can range from mild to severe. Having a concussion increases the risk of sustaining another concussion. Second-impact syndrome may occur when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death.

Requirements addressing sports-related concussions and head injuries for student athletes and cheerleaders

- All school districts, charter, and non-public schools that participate in interscholastic sports are required to distribute this educational fact to all student athletes and cheerleaders and obtain a signed acknowledgment 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 and cheerleaders.
- Any cheerleader or 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 they have written clearance from a physician trained in concussion treatment and have 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 and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian/Caregiver, Teammate, and others)

- 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

necessary.

- To recover, cognitive rest is just as important as physical rest. Reading, texting, computer use and even watching movies can slow down recovery. Limit screen time during recovery.

Students who have sustained a concussion may not return to practice or competition until they receive written clearance from a physician trained in the evaluation and management of concussion and complete the graduated Six-step return to play protocol outlined by the CDC:

Step 1: Back to regular activities (such as school)

Athletes or cheerleaders are back to their regular activities (such as school).

Step 2: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

Step 3: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact

Athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

Young athletes may return to competition.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- CDC Heads Up
- Keeping Heads Healthy

Student athlete's name (print)	Student athlete's signature	Date

Parent / Guardian name (print)	Parent / Guardian signature	Date

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: _____

[The New Jersey Department of Education developed this template Student-Athlete Sign-Off Form in January 2018 to assist schools with adhering to state statute requiring student-athletes (and their parents/guardians, if the student is a minor) to confirm they have received an Opioid Fact Sheet from the school. School districts, approved private schools for students with disabilities, and nonpublic schools that participate in an interscholastic sports or cheerleading program should insert their district or school letterhead here.]

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: _____

[1]Does not include athletic clubs or intramural events.

Website Resources

- Sudden Death in Athletes
  http://tinyurl.com/m2gjmvq
- Hypertrophic Cardiomyopathy Association
  www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org

American Heart Association
1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org

New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/

New Jersey Department of Health
P. O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health

Lead Author: American Academy of Pediatrics, New Jersey Chapter

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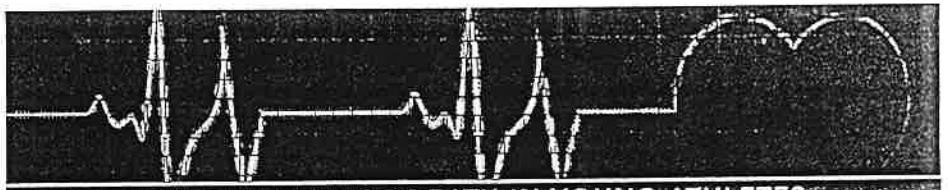
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

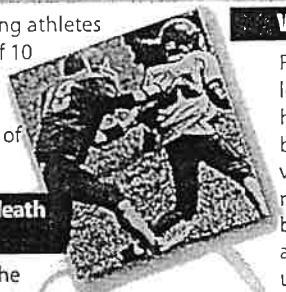
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

American Heart Association
Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



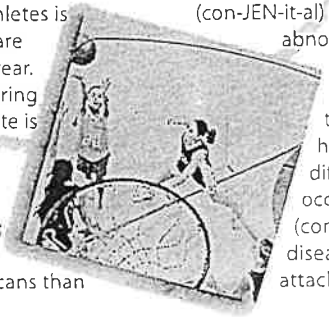
What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.



What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven- TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR- dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).

OPIOID 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.[1] 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.[2]

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.[3] 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.[3] 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,[4] 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 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."

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.[5]
- 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.

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS

Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.[1] According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.[2] **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**[3]

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at http://www.nei.nih.gov/sports/findingprotection.asp. Prevent Blindness America also offers tips for choosing and buying protective eyewear at http://www.preventblindness.org/tips-buying-sports-eye-protectors,and http://www.preventblindness.org/ recommended-sports-eye-protectors.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

[1] National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

[2] Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, http://www.aafp.org/afp/2003/0401/p1481.html; September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

[3] Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Section 2:

Fill out page one-FRONT and BACK.

Page two is to be filled out ONLY if your student has a special need.

The remaining packet gets filled out by the students pediatrician. Please keep these pages together as the doctor needs to see the information on the first 2 pages.

The office will let you know when this is completed. You can pick it up but they can also fax or scan to me:

FAX: 856-785-8120
Email: keri.thomas@commercialschools.org

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots ☐ Three shots ☐ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Unsure**	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The Medical Eligibility Form is the only form that should be submitted to a school.

☐ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name:_____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

_____

_____

_____

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

_____

_____

_____

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student - Athlete Cardiac Assessment Professional Development module Hosted by the New Jersey Department of Education.

☐ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
COVID-19 VACCINE		
Previously received COVID-19 vaccine: ☐ Y ☐ N Administered COVID-19 vaccine at this visit: ☐ Y ☐ N If yes: ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster date(s) _____		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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Preparticipation Physical Evaluation Medical Eligibility Form

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name _____ Date of Birth _____

Date of Exam _____

- o Medically eligible for all sports without restriction
- o Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- o Medically eligible for certain sports
- o Not medically eligible pending further evaluation
- o Not medically eligible for any sports

Recommendations: _____

I have reviewed the history form and examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings- are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Signature of physician, APN, PA _____

Address: _____

Name of healthcare professional (print) _____

I certify I have completed the Cardiac Assessment Professional Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider _____

Shared Health Information

Allergies _____

Medications:

Other information: _____

Emergency Contacts: _____

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**This form has been modified to meet the statutes set forth by New Jersey.*