

Step 1: Print medical forms, bring to your family doctor to complete

- Signed original hard copy goes to the nurse's office.
- There is also an option in the registration process to upload a scanned copy to keep for your records.

Print all 4 pages and bring completed hard copy to the nurse

ATTENTION PARENT/GUARDIAN: The preparticiaption physical examination (page 3) must be controlled the Student-Athlete Cardiac Assessment Professional Development Module.

health care provider who has completed

PREPARTICIPATION PHYSI	CA	LΕ	VALUATION `				
HISTORY FORM							
			g the physician. The physician should keepa copy of this form in the	chart.)		
late of Exam							
	Date of birth						
Sex Age Grade Sch	ool Sport(s)						
Medicines and Allergies: Please list all of the prescription and over-	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking			
Do you have any allergies? ☐ Yes ☐ No If yes, please ider ☐ Medicines ☐ Pollens	ntify spe		ergy below. Grood Stinging Insects				
Li Medicines			Li Food Li Stringing insects				
explain "Yes" answers below. Circle questions you don't know the an	swers t	0.					
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No		
Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
2. Do you have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?				
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			28. Is there anyone in your family who has asthma?				
Other: 3. Have you ever spent 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?				
Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin area?				
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		\vdash		
Have you ever passed out or nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?		\vdash		
AFTER exercise?			33. Have you had a herpes or MRSA skin infection?				
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you ever had a head injury or concussion?				
Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion,				
Has a doctor ever told you that you have any heart problems? If so,			prolonged headache, or memory problems? 36. Do you have a history of seizure disorder?		\vdash		
check all that apply:			37. Do you have a history or seizure disorder? 37. Do you have headaches with exercise?	\vdash	\vdash		
☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection			38. Have you ever had numbness, tingling, or weakness in your arms or				
☐ Kawasaki disease Other:			legs after being hit or falling?				
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arms or legs after being hit or falling?				
10. Do you get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?				
during exercise?			41. Do you get frequent muscle cramps when exercising?				
11. Have you ever had an unexplained seizure?			42. Do you or someone in your family have sickle cell trait or disease?				
12. Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?				



Bastern Christian School

Home Registration ▼ Schedules

Eastern Christian Athletic Calendar



Quicklinks

Eastern Christian Athletics

NJSIAA

Family Account Login

SCHOLASTIC STUDENT-ATH

Athletic Registration - High School

Registration / Athletic Registration - High School

Fill out the entire form and submit by clicking **Next** at the bottom of the form

Prior to participation on a school-spor

must present a completed pre-participation physical evaluation (PPE) form to the school nurse. 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. Please make sure your doctor, APN, or PA is in the state of New Jersey and has completed the cardiac assessment and signed that part of the form.
- 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 HERE. The PPE form can also be found on EC's website under "Athletics" and "Forms".
 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. If a student's PPE was completed more than 90 days prior to the first day of official practice in an athletic season an updated Health History Update Questionnaire (HHQ) is required. The HHQ form must be completed and signed by the student's parent/guardian. The HHQ can be found <u>HERE</u>. The HHQ must be reviewed by the school nurse.

For more information, please review the Frequently Asked Questions which are available $\underline{\mathsf{HERE}}$.

You may also direct questions to:

Diane DeRooy RN, school nurse at Eastern Christian High School, at 973-427-0900

OR

Laura Gorter RN, school nurse at Eastern Christian Middle School, at 201-891-3663

Student Information	
Student ID:	
First Name: *	
_ast Name: *	
Condor: *	

Download and print the (PPE) Pre-Participation Physical Evaluation Form (to be completed by a physician) HERE.

Optional: Submit completed PPE in the file upload portion of the PHYSICAL DATE section below.

Completed Pre-Participation Physical Evaluation (PPE) must be turned in / mailed to your school office,

ATTENTION SCHOOL NURSE:

Physical Date

File Upload:

Choose File No file chosen

This is the section you may upload a scanned copy of the physical for your records... but you must hand in the original signed by the doctor to the nurse's office

Upload

There are many check boxes throughout the form.
Please click each one under each section

SIGN-OFF/CONSENT FORM

Eastern Christian Athletic Code of Ethics: *

I, the parent, along with my son/daughter whose signature appears below acknowledge that I have read and understand all information as stated on the GENERAL CODE OF CONDUCT

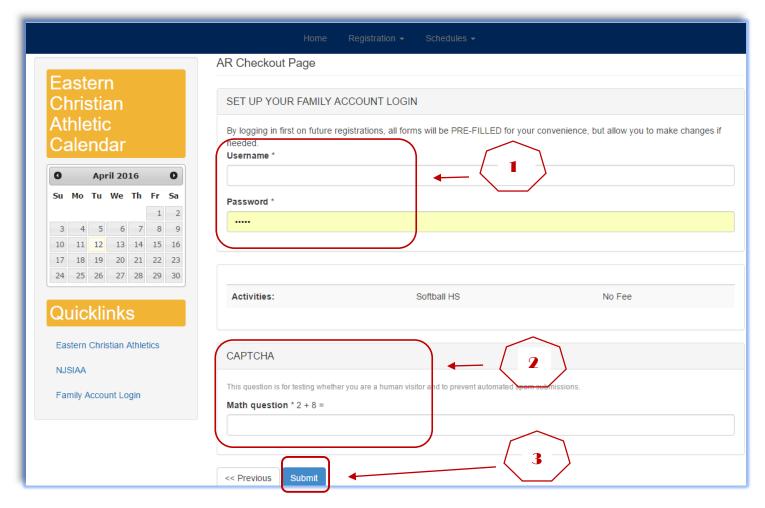
CONCUSSION AND HEAD INJURY FACT SHEET AND PARENT/GUARDIAN ACKNOWLEDGMENT FORM:

I, the parent, along with my son/daughter whose signature appears below acknowledge that I have read and understand all information as stated on the Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

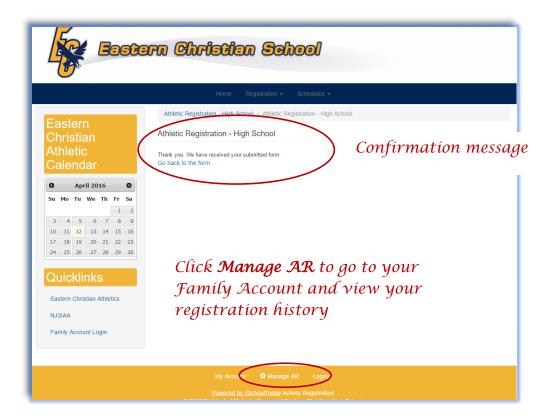
Next >>

This is the final section - please type the signatures and click

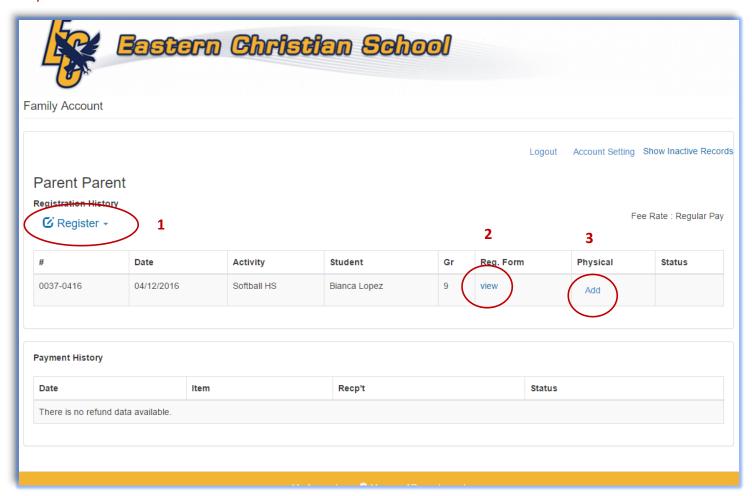
Once you click Next, you need to create your family account before your form is submitted.



Fill out to save and access information. You can add siblings and have access each year and each season.



Family Account



- 1 Click Register link to register existing or new student under your family account
- 2 View submitted registration form
- 3 You can ADD/VIEW physical forms anytime

Once you have completed the first online registration form and created an account you can log back in at any time from the main page https://easternchristian-ar.rschooltoday.com/

