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

Preparticipation Physical Evaluation

HISTORY FORM

lame					Date of birth		
Sex	Age	GradeS	chool		Sport(s)		
Medicine	es and Allergies: I	Please list all of the prescription and or	ver-the-cou	nter me	dicines and supplements (herbal and nutritional) that you are currently t	aking	
•	ave any allergies	? 🗆 Yes 🗆 No If yes, please k	lentify spe	cific ali	ergy Stinging insects		
below.	/ ! bal	Cisalo augotiono very den't kangu t	ho oneware	••	Configure mooces		
		ow. Circle questions you don't know t	Yes	No.	MEDICAL QUESTIONS	Yes	No
	QUESTIONS	or restricted your participation in sports for	163	140	26. Do you cough, wheeze, or have difficulty breathing during or		
any re	ason?				after exercise?		
		medical conditions? If so, please identify	.		27. Have you ever used an inhaler or taken asthma medicine? 28. Is there anyone in your family who has asthma?		-
Other:		Anemia Diabetes Infection	_		29. Were you born without or are you missing a kidney, an eye, a testicle		-
3. Have	you ever spont the	night in the hospital?			(males), your spiesn, or any other organ?		
	you over had surge				30. Do you have groin pain or a painful bulge or hernia in the groin area?		
	EALTH QUESTIONS		Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		<u> </u>
	rou ever passed out: 3 exercise?	or nearly passed out DURING or			32. Do you have any rashes, pressure scres, or other skin problems?		
		nfort, pain, tightness, or pressure in your			33. Have you had a herpes or MRSA skin infection? 34. Have you ever had a head injury or concussion?		
	during exercise?				35. Have you ever had a hold highly to concessation.		
7. Does	your heart ever race	or skip beats (irregular beats) during exerci	90?		prolonged headache, or memory problems?		ł
		u that you have any heart problems? If so,	ŀ		36. Do you have a history of seizure disorder?		<u> </u>
	; all that apply: ligh blood pressure	☐ Aheart murmur			37. Do you have headaches with exercise?		ļ
ΩН	lighcholesterol awasaki disease	☐ Aheartinfection Other:			38. Have you ever had numbness, tingling, or weakness in your arms or tegs after being hit or falling?		
	doctor ever ordered cardiogram)	a tost for your heart? (For example, ECG/EK	G,		39. Have you ever been unable to move your arms or logs after being hit or falling?		
		feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?	ļ <u>.</u>	
	exercise?	nexplained seizure?			41. Do you get frequent muscle cramps when exercising? 42. Do you or someone in your family have sickle cell trait or disease?		-
	`	hort of breath more quickly than your friend	ls	 	43. Have you had any problems with your eyes or vision?		
	oxorcise?				44. Have you had any eye injuries?		
HEART H	EALTH QUESTION	S ABOUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?		
		or relative died of heart problems or had ar		1	48. Do you wear protective eyewear, such as goggles or a face shield?		
		ned sudden death before age 50 (including ar accident, or sudden infant death syndrome			47. Do you worry about your weight?		
14. Does	enyone in your fam	nily have hypertrophic cardiomyopathy, Ma nic right ventricular cardiomyopathy, long (rtan		48. Are you trying to or has anyone recommended that you gain or lose weight?		
		rome, Brugada syndrome, or catecholaminer	gic	1	49. Are you on a special diet or do you avoid certain types of loods?		
	orphic ventricular to				50. Have you ever had an eating disorder?	<u></u>	
	anyone in your tarii nted delibrillator?	ly have a heart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?		ļ
16. Has a	nyone in your family	had unexplained fainting, unexplained		1	FEMALES ONLY	ļ	┼
	res, or near drownin				52. Have you ever had a menstrual period?		Ь.
	D JOINT QUESTIO		Yes	No	53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months?	 	
17. Have that c	you ever had an inju aused you to miss a	ury to a bone, muscle, ligament, or tendon in practice or a game?		ļ	Explain "yes" answers here	<u> </u>	
18. Have	you ever had any t	proken or fractured bones or dislocated join	nts?		Explain you biometo hero		
		iry that required x-rays, MRI, CT scan,					
		ce, a cast, or crutches?					
	you ever had a stre	ass rracture? That you have or have you had an x-ray for n	eck	 -			
		instability? (Down syndrome or dwarfism)		<u> </u>			
22. Do yo	u rogularly use a b	race, orthotics, or other assistive device?					
23. Do yo	u have a bone, mu	scle, or joint injury that bothers you?					
24. Do ar		come painful, swollen, feel warm, or look re		 _	a annual transfer and the state of the state		
		of juvenile arthritis or connective tissue disco					

■ Preparticipation Physical Evaluation THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

<u>.</u>
γ
No
·
<u> </u>

No
No
No
No
No No
No No
No No
No No
No
No
No
No
No
No
No
No
No
No
No
No
No
No
No
No
No
No

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.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL FXAMINATION FORM

PHYSICAL EXAMINATION FORM Date of birth PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues Note that if you decline your child's visual 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? exam by the examining provider, you must attach their visual acuity from their eye doctor! Have you ever tried cigarettes, chewing tobacco, snuff, or dip? During the past 30 days, did you use chewing tobacco, snuff, or dlp? 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 bell, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14). EXAMINATION ☐ Male ☐ Female Height Weight Vision FI 20/ L 20/ Corrected DY DN RP Polse MEDICAL NORMAL ABNORMAL FINDINGS Marfan stigmata (kyphoscollosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat · Pupils equal Hearing Lymph nodes Heart * Murmurs (auscultation standing, supine, +/- Valsalva) . Location of point of maximal Impulse (PMI) Pulses · Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only)* · HSV, lesions suggestive of MRSA, tinea corporis Neurologic* MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knaa Leg/ankle Foot/toes Functional · Duck-walk, single leg hop *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider GU exam If in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion. Date of Exam 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 (APN), physician assistant (PA) (print/type) Address Signature of physician, APN, PA _

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

16533

8-7661

New Jessey Department of Education 2014: Pursuant to P.L.2013, c.71

B PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

>

>

	Sex 🗆 M 🗇 F Age	Date of birth
Cleared for all sports without restriction		
☐ Cleared for all sports without restriction with recommendation	ons for further evaluation or treatment for	
7 Not should		
Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recoininendations		
		The second secon
CHECOCHON INCODERTION		
EMERGENCY INFORMATION		
Allergies		
and the second s		
A CONTRACTOR OF THE CONTRACTOR		
Other information		
	SCHOOL PHYSICIAN:	
	SCHGOL PHYSICIAN: Reviewed on	(Date)
	SCHOOL PHYSICIAN: Reviewed on Not	(Date)
Other information HCP OFFICE STAMP	SCHOOL PHYSICIAN: Reviewed on Not	(Date)
	SCHOOL PHYSICIAN: Reviewed on Not	(Date) Approved The athlete does not present apparent physical exam is on record in my office athlete has been cleared for participation
HCP OFFICE STAMP I have examined the above-named student and comclinical contraindications to practice and participate and can be made available to the school at the requirements of the physician may rescind the clearance until the present the physician may rescind the clearance until the present the properties of the clearance until the present the p	SCHOOL PHYSICIAN: Reviewed on Not Signature: upleted the preparticipation physical evaluation. e in the sport(s) as outlined above. A copy of the sest of the parents. If conditions arise after the a roblem is resolved and the potential consequence.	(Date) Approved The athlete does not present apparent aphysical exam is on record in my office athlete has been cleared for participation cas are completely explained to the athlete
HCP OFFICE STAMP I have examined the above-named student and comclinical contraindications to practice and participate and can be made available to the school at the requirements of the physician may rescind the clearance until the present of the physician may rescind the clearance until the present of the physician advanced practice nurse (APN), physician, advanced practice nurse (APN), physician, advanced practice nurse (APN), physician.	SCHOOL PHYSICIAN: Reviewed on Not Signature: upleted the preparticipation physical evaluation. In the sport(s) as outlined above. A copy of the lest of the parents. If conditions arise after the a roblem is resolved and the potential consequence. Cian assistant (PA)	(Date) Approved The athlete does not present apparent physical exam is on record in my office othlete has been cleared for participation cas are completely explained to the athle
HCP OFFICE STAMP I have examined the above-named student and com clinical contraindications to practice and participate and can be made available to the school at the required the physician may rescind the clearance until the preparation of the preparation of the clearance until the clearance until the clearance until the clear	SCHOOL PHYSICIAN: Reviewed on Approved Not Signature: upleted the preparticipation physical evaluation. e in the sport(s) as outlined above. A copy of the sect of the parents. If conditions arise after the a roblem is resolved and the potential consequence clan assistant (PA)	(Date) Approved The athlete does not present apparent physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athlete Date
HCP OFFICE STAMP I have examined the above-named student and comclinical contraindications to practice and participate and can be made available to the school at the requite physician may rescind the clearance until the precision of the precis	SCHOOL PHYSICIAN: Reviewed on Not Not Not Not Signature: npleted the preparticipation physical evaluation. e in the sport(s) as outlined above. A copy of the test of the parents. If conditions arise after the a roblem is resolved and the potential consequence	(Date) Approved The athlete does not present apparent physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athle Date Phone

©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