



John Witherspoon Middle School

217Walnut Lane, Princeton, New Jersey 08540 t 609.806.4270

It is the practice of the Princeton Public Schools to require a current physical examination for all sixth grade students. In addition, all new students to the district and all athletes must submit a Physical Evaluation Form completed within the past 365 days.

If you want to participate in a sport at JWMS, you should complete:

1. The New Jersey Department of Education: PREPARTICIPATION PHYSICAL EVALUATION History form, Physical Examination form and Clearance form
2. Athletic Information Form
3. Athletic Parental Consent Forms: Review Sudden Cardiac Death pamphlet, NJSIAA Concussion fact sheet, NJSIAA Steroid Testing Policy, NJSIAA Banned drug list, and the Media consent

*** Please note: Princeton Public Schools in accordance with The State of New Jersey will require all sports physicals to be conducted by physicians who have completed the CARDIAC ASSESSMENT PROFESSIONAL DEVELOPMENT MODULE which is available online to all licensed physicians. The physician must sign the bottom of the physical form stating that they have completed the module. If your child's doctor has not completed this assessment, the physical will not be accepted.

For subsequent sport seasons, during the same school year, simply complete:

1. Athletic Information Form
2. Health History Update
3. Athletic Parental Consent Forms

Please keep us informed of any health related conditions that may affect your child and if he/she is taking daily medication even if it is not during school hours. If your son/daughter needs to take any medication during school hours or for emergency use (asthma or anaphylaxis) have the pediatrician complete the appropriate forms. These can be obtained on the PPS website www.princetonk12.org or from the school's health office.

Please update the health office with all emergency contact information.

All completed forms must be submitted to the school nurse **within 90 days** of the start of each sport season. Please adhere to posted sport forms date deadlines. Be advised that submitting the forms within the last 15 days before the start of the sport season may result in your child not being eligible to start the season on time because once forms are received they must be sent to our school doctor and processed for approval.

Thank you for your cooperation.

JWMS School Nurse

Kathleen Bihuniak RN, MSN, CSN

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Phone (609) 806-4273 Fax (609) 806-4271

Athletic Forms Checklist

1. Physical Evaluation Form (History, Physical, Clearance)

a. History Form

- i. All 54 questions answered _____
- ii. All Yes answers explained in detail _____
- iii. Student signature _____
- iv. Parent Signature _____

b. Physical Form

- i. Completed by MD _____
- ii. Height, Weight, Vision, B/P filled in _____
- iii. Date of PE clearly indicated _____
- iv. Physician signature and stamp _____
- v. Date of physician's signature (may be different than date of PE) _____

c. Clearance Form

- i. Completed by MD _____
- ii. Signed, dated and stamped by MD _____
- iii. MD signature on the Cardiac Assessment Professional Development module line _____

2. Athletic Acknowledgement and Consent Form – reviewed and signed by both student and parent

Policies can be found on website

- i. Sudden Cardiac Death Brochure
- ii. NJSIAA Concussion Policy Acknowledgement
- iii. NJSIAA Steroid Testing Policy
- iv. Media Coverage Consent

3. Are Immunizations up to date – Must have Tdap and Menactra by age 11.

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____ No _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any 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 with 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 if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
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 above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

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

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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 (APN), physician assistant (PA) (print/type) _____ Date of exam _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ 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 _____

ATHLETIC INFORMATION

Name _____ Date _____
Address _____ Grade _____
_____ Sport _____
Home Phone _____ Gender Male _____ Female _____
Date of Birth _____ Place of Birth _____
Date of entrance into 9th grade _____
School attended last year _____
Parent/Guardian to be contact in an emergency:
Name _____ Home Phone _____
Cellular Phone _____ Work Phone _____
Other Emergency Contact: Name _____ Home Phone _____
Cellular Phone _____ Work Phone _____

PERMISSION FOR ATHLETICS

To the Principal:

I hereby give _____ (student's name) permission to compete in _____ (name of sport), sponsored by the Board of Education and under the supervision of approved instructors. Realizing that such an activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with proper coaching, use of protective equipment, and observances of rules, injuries are still a possibility. On occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

Signature of Parent/Guardian

PERMISSION FOR EMERGENCY TREATMENT

I hereby give permission for the school to arrange emergency treatment for my child if none of the above adults can be reached.

Signature of Parent/Guardian

***For emergency situations: Please list below, for the athletic department, any known allergies, medical conditions, pertinent medical diagnosis (acute or chronic) and current medications.**

STATEMENT OF INSURANCE

My son/daughter is covered for injury under a policy with:

Name of Insurance Company

Policy Number

DO NOT COMPLETE FORM BELOW LINE

Physical Examination Parental Permission Academic Eligibility Athletic Equipment

Other _____

Athletic Acknowledgement & Consent Form

N.J.S.I.A.A. CONCUSSION POLICY ACKNOWLEDGEMNT FORM

We have received and reviewed the N.J.S.I.A.A. concussion policy acknowledgment form and understand the facts, signs and symptoms of a concussion, as well as the basic guidelines for the concussion management protocol.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

NJSIAA STEROID TESTING POLICY

We have received and reviewed the N.J.S.I.A.A. steroid testing policy, as well as the NJSIAA banned drug list. We consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SUDDEN CARDIAC DEATH BROCHURE

We have received and reviewed the sudden cardiac death in young athletes pamphlet and understand the basic facts of sudden cardiac death in young athletes. We are also aware of additional resources available on this subject from the American Heart Association (www.heart.org) and the Hypertrophic Cardiomyopathy Association (www.4hcm.org)

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

MEDIA COVERAGE

I hereby give permission for the release of videotapes, audio recordings, and photographs that could identify my child by name, to the school district and the media for the use in various media outlets including but not limited to news stories, websites and social media outlets, as it pertains to my child and Princeton Public School District Athletics. I also grant permission for my child to be interviewed by the school district and the media as it pertains to Princeton Public Schools District athletics.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

All of these policies and brochures can be found on the middle school website @ jw.princetonk12.org under athletic – forms.