

# Medical Forms for Athletics

The following forms are necessary in order for our school nurses to clear our athletes for participation in Interscholastic Sports here at John P. Stevens High School: All forms are on the JPS Athletic Website.

1. Sports physical exams can be no older than 365 days of the first practice session. The State mandated form (HS Form **14A**) is the **only** accepted form, and **must** be **fully** completed by the examining healthcare provider. Along with the any new physical a Health History form (HS Form **14A**) must be completed by the parent **MUST** be reviewed by the examining healthcare provider when the physical exam is done. The Health History (Form **14A**) signed by the parent/guardian no earlier than **90 days** of the first practice session. Both parent and student must sign the health history.
2. If there is a current Physical Form on file with the nurse (HS Form **14A**) then all that is needed is an updated Health History (HS Form **14G**) signed by the parent/guardian no earlier than **90 days** of the first practice session.
3. Athletes with Asthma must complete a new Asthma Treatment Plan beginning with Fall Season (HS Form **7CC**). Both a parent and the physician's signatures are required.
4. Athletes with any severe allergies that require epinephrine must complete a new Physicians Form for Severe Allergy Emergency Treatment beginning with the Fall Season (HS Form **30A**). Both a parent and the physician's signatures are required.

## Required Forms:

- a. \_\_\_\_\_ Only original forms are accepted, no photocopies.
- b. \_\_\_\_\_ Sign all forms in **pen**.
- c. \_\_\_\_\_ **Sign and date** the following forms:
  - i. Health History on 14A (page 1&2) by student and parent/guardian
  - ii. Physical on 14A (pages 3&4) signed by MD (must have a physician stamp)
  - iii. Asthma Action Plan or Severe Allergy Treatment Plan **if necessary** Or **Medication form** –signature from parent/guardian and MD

## Checklist:

\_\_\_\_\_ Did the doctor complete the height, weight, blood pressure, pulse, and vision section. Any missing areas will be returned for completion by the doctor.

\_\_\_\_\_ Did the doctor check off the Clearance Section on page 3 selecting the appropriate letter and noting any limitations?

\_\_\_\_\_ Is the doctor's signature and stamp on the last page?

**Incomplete forms cannot be accepted and will be returned, delaying participation of the athlete. Return all forms in this packet back to the coach, not directly to the nurses. The coach must pre-screen all of the forms first. No athlete will be permitted to tryout unless all forms are completed properly and returned by: Fall Sports – August 1<sup>st</sup>, Winter Sports – November 1<sup>st</sup>, and Spring Sports – February 1<sup>st</sup>.**

**If the student sees a MD at Urgent Care/ Dr. Aziz – they will be cleared by nurse immediately.**