



The Hun School of Princeton

Dear Hun Families,

The annual requirement to have the Preparticipation Physical Evaluation (PPE) forms filled out by your physician is again upon us. **Please note, the Cardiac Assessment Professional Development Module on that form (at the bottom of the Clearance form portion) MUST BE COMPLETED for all students.** Your child's form will be rejected in Magnus if this is not done.

This form 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. If your provider has NOT completed this module, there are several options available to you. Please plan accordingly.

1. The module is available for them to complete at:  
<https://www.nj.gov/education/safety/health/athlete/PDModule.shtml>
2. There are various urgent care centers near The Hun School of Princeton and throughout NJ that are able to complete the PPE. Please check with your insurance company to find out where you are permitted to go to that is within network in order to minimize your cost.

Please feel free to reach out to the Health Office with any questions.

Thank you for your anticipated cooperation.

**Diane R. Applegate, RN, MSN, CSN**

Director of Health Services

The Hun School of Princeton

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**PREPARTICIPATION PHYSICAL EVALUATION  
CLEARANCE FORM**

Name \_\_\_\_\_ Sex    C    M    F    Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all cardiovascular restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared  
 Pending further evaluation  
 For one sport  
 For certain sports  
 Reason \_\_\_\_\_  
 Recommendation \_\_\_\_\_

**EMERGENCY INFORMATION**  
Address \_\_\_\_\_

Other information \_\_\_\_\_

<p><b>HCP OFFICE STAMP</b></p>	<p><b>SCHOOL PHYSICIAN:</b>            Reviewed on _____ (Date)            Approved _____ Not Approved _____            Signature: _____</p>
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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).

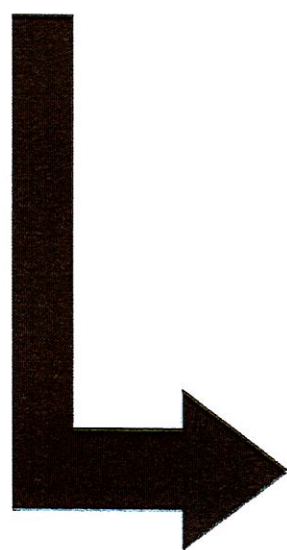
Physician (physician, advanced practice nurse, APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician, APN, PA \_\_\_\_\_  
**Completed Cardiac Assessment Professional Development Module**  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

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The aforementioned Cardiac Assessment Professional Development Module section is found on the **BOTTOM** of the page titled "CLEARANCE FORM".

This section is to be signed off by the healthcare provider **\*\*IN ADDITION TO\*\*** THE NAME, DATE, ADDRESS AND SIGNATURE ABOVE IT.

Please read the attached letter **CAREFULLY** for more information.



<p><b>HCP OFFICE STAMP</b></p>	<p><b>SCHOOL PHYSICIAN:</b>            Reviewed on _____ (Date)            Approved _____ Not Approved _____            Signature: _____</p>
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Name of physician, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician, APN, PA \_\_\_\_\_

<p><b>Completed Cardiac Assessment Professional Development Module</b>            Date _____ Signature _____</p>
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