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■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your pare Name:	, -	, ,	pointment. Ite of birth:	
Date of examination:				
Sex assigned at birth (F, M, or intersex):	How do you identif	y your gender? (F,	M, non-binary, or anoth	ner gender):
Have you had COVID-19? (check one): □ Y	□N			
Have you been immunized for COVID-19? (chec	ck one): □Y □N		J had: □ One shot □ □ Booster date(s)	
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past sur				
Medicines and supplements: List all current preso	criptions, over-the-co	unter medicines, a	nd supplements (herbal	and nutritional).
Do you have any allergies? If yes, please list all	your allergies (ie, me	dicines, pollens, fo	ood, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been			•	
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of ≥3 is considered positive on eith	er subscale [question	s 1 and 2, or ques	ations 3 and 4] for scree	ening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
Do you get light-headed or feel shorter of breat than your friends during exercise?	th		
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

O	NE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	
4.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			25. Do you worry about your weight? 26. Are you trying to or has anyone recommended that you gain or lose weight?	
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?	
MEI	DICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?	
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			MENSTRUAL QUESTIONS N/A 29. Have you ever had a menstrual period?	
17.	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			30. How old were you when you had your first menstruate period?	
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period? 32. How many periods have you had in the past 12	
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			months? Explain "Yes" answers here.	
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
22.	Have you ever become ill while exercising in the heat?				
23.	Do you or does someone in your family have sickle cell trait or disease?				
	Have you ever had or do you have any problems				

Yes No

Yes No

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Signature of athlete: __

Date: ____

Signature of parent or guardian:

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■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMIN	ATION FORM				
Name:				Date of birth:	
 Do you feel safe at y Have you ever tried During the past 30 o Do you drink alcoho Have you ever taker Have you ever taker Do you wear a seat 	out or under a lot of d, hopeless, depressed your home or residen- cigarettes, e-cigarette days, did you use che of or use any other dri a anabolic steroids or a any supplements to belt, use a helmet, ar	pressure? d, or anxious? ce? es, chewing tobacco, snuff, or di ewing tobacco, snuff, or dip? ugs? used any other performance-en help you gain or lose weight or i	hancing suppleme improve your perf		
EXAMINATION	NAZ da La				
Height: BP: / (/	Weight:) Pulse:	Vision: R 20/	L 20/	Corrected: □ Y	
COVID-19 VACCINE) Folse.	VISIOII. N ZO/	L 20/	Corrected.	
		□N □Y □N If yes: □ First dose	□ Second dose		
MEDICAL				NORMA	L ABNORMAL FINDINGS
Appearance Marfan stigmata (kypho myopia, mitral valve pro Eyes, ears, nose, and throat Pupils equal	plapse [MVP], and ao	d palate, pectus excavatum, arac ortic insufficiency)	hnodactyly, hypei	rlaxity,	
Hearing					
Lymph nodes Hearta	tanding guardina	supine, and ± Valsalva maneuve			
Lungs	anding, abscollation	sopine, and ± valsaiva maneove	51)		
Abdomen					
Skin Herpes simplex virus (HS tinea corporis	SV), lesions suggestiv	e of methicillin-resistant <i>Staphylc</i>	ococcus aureus (M	RSA), or	
Neurological					
MUSCULOSKELETAL				NORMA	L ABNORMAL FINDINGS
Neck Back					
Shoulder and arm					
Elbow and forearm					
Wrist, hand, and fingers					
Hip and thigh					
Knee					
Leg and ankle					
Foot and toes					
Functional Double-leg squat test, sin	ngle-leg squat test, ar	nd box drop or step drop test			
nation of those.		ography, referral to a cardiologis		_	_
Address:	onal (print or type): _			Phone:	Date:

, MD, DO, NP, or PA

Signature of health care professional:

Preparticipation Physical Evaluation Medical Eligibility Form

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name	Date of Birth				
Date of Exam					
o Medically eligible for all sports without restriction					
o Medically eligible for all sports without restriction with	o Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of				
Medically eligible for certain sports					
o Not medically eligible pending further evaluation					
 Not medically eligible for any sports 					
Recommendations:					
athlete does not have apparent clinical contraindications to practic the physical examination findings- are on record in my office and	on this form and completed the preparticipation physical evaluation. The see and can participate in the sport(s) as outlined on this form. A copy of can be made available to the school at the request of the parents. If a, the physician may rescind the medical eligibility until the problem is to the athlete (and parents or guardians).				
Signature of physician, APN, PA	Office stamp (optional)				
Address:					
Name of healthcare professional (print)					
I certify I have completed the Cardiac Assessment Professional De Education.	evelopment Module developed by the New Jersey Department of				
Signature of healthcare provider					
Shared H	ealth Information				
Allergies					
Medications:	1				
Other information:					
Emergency Contacts:					

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