

**Hunterdon Central Regional High School**  
**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 \_\_\_\_\_ Sport \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- Medically eligible for certain sports
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have reviewed the history form and examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings- are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained 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 Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider \_\_\_\_\_

**Shared Health Information**

Allergies \_\_\_\_\_

Medications:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

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

Emergency Contacts: \_\_\_\_\_

School Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

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*\*This form has been modified to meet the statutes set forth by New Jersey.*