ATTENTION PARENT/GUARDIAN: The preparticiaption physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

### PREPARTICIPATION PHYSICAL EVALUATION

### **HISTORY FORM**

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking  Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  Medicines  Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking  Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  Food  Stinging Insects	lame					Date of birth		
Mediclines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking pleases and allergies?   Yes   No   If yes, please identify specific allergy below.   Florid   Stinging insects   Polaries   Food   Stinging insects   Polaries   Food   Stinging insects   Polaries   Food   Stinging insects   Polaries   Food   Stinging insects   Polaries   Polaries   Food   Stinging insects   Polaries   Polaries   Food   Polaries   Pol								
Do you have any allergies?   Yes   No   If yes, please identify specific allergy below.   Middlines   Politins   Food   Slinging insects								
Medicines   Prod   Slinging insects	Medicines	and Allergies:	Please list all of the prescription and over	r-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking	
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Mactications								
Marcians   Prod   Slinging insects	No voir have	a anu allarniae?	□ Vos □ No If vos plaasa ide	ntifu en	 acific al	Nerov below		
HERAL QUESTIONS  1. hiss a doctor ever deried or restricted year participation in sports for any reason?  2. Os you have any regonging incession?  3. New you ever had suggery?  4. How you ever had suggery?  5. How you ever had good or rearly passed out OLRBIG or ATTER exercising.  6. How you ever had disconting the history of section of the history of the history of section of the h				mary ope	ocino ui			
HERAL QUESTIONS  1. hiss a doctor ever deried or restricted year participation in sports for any reason?  2. Os you have any regonging incession?  3. New you ever had suggery?  4. How you ever had suggery?  5. How you ever had good or rearly passed out OLRBIG or ATTER exercising.  6. How you ever had disconting the history of section of the history of the history of section of the h	mlain "Yes	" answers helou	v Circle questions you don't know the a	iswers t	0			
1. Itsia a acctor ever derived or restricted your participation in sports for all your periodic conflorars? If so, please identify below.   Asthma   Amenia   Databets   Infections   27. Have you ever used an inhalter or taken asthma medicino?   28. Is there anyware in your family with his as athma?   28. Is there anyware in your family with his as athma?   28. Is there anyware in your family with his as athma?   28. Is there anyware in your family with his as athma?   28. Is there anyware in your family with his as athma?   28. Is there anyware in your family with his as athma?   29. Were you have without one any pathol budget or hernia in the groin area?   29. Were you have your hand an a pashful budget or hernia in the groin area?   29. Is the you were held infections monouncleosis (mone) within the sist month?   23. Is very you have any rost and a pashful budget or hernia in the groin area?   29. Is as a doctor ever tool you that you have any heart problems? If so, chest all tot apply.   29. You have any rost and the pash of the dath groups or concussion?   29. Is as a doctor ever tool you that you have any heart problems? If so, chest all tot apply.   29. You have any rost and the caused conflusion, portuged headships. If the pash is a state of your heart? For example, ECDEXIO,   29. You you there with pash you were had an interpolated and the pash of the pash of the pash than expected during exercise?   29. Is as a doctor ever ordered a test for your heart? For example, ECDEXIO,   29. You you get fightheaded or feel more short of breath than expected during exercise?   29. Is as you were had an unexplained assistance?   29. Is as you were heart problems are you have any instruction or operation of the pash than expected during exercise?   29. Is as you were heart problems are your heart? For example, ECDEXIO,   29. You you get fightheaded or feel more short of breath than expected within exercise   29. Is as you get fightheaded or feel more short of breath more quickly than your friends during exercise?	•		, ,	T	E	MEDICAL QUESTIONS	Yes	N
2. Do you have any ongoing medical conditions? If so, please identify below   Ashma	1. Has a doo	stor ever denied or				26. Do you cough, wheeze, or have difficulty breathing during or		
A likery you ever that drugery?  14. Have you ever that drugery?  15. Doe you have a great passed out or nearly passed out OURBYG or AFTER exerciser?  16. Have you ever that discountent, pain, tightness, or pressure in your chest during exerciser?  17. Does your heart ever race or skip beats (imagular beats) during exerciser?  18. Have you ever had discountent, pain, tightness, or pressure in your chest during exerciser?  18. Have you ever had of secondary pain, tightness, or pressure in your chest during exerciser?  18. Have you ever had of secondary pain, tightness, or pressure in your chest during exerciser?  18. Have you ever had of secondary pain, tightness, or pressure in your chest during exerciser?  18. Have you ever had a fire to be you the head that caused confusion, prolonged headache, or memory problems?  18. Have you ever had in the path that eased confusion, prolonged headache, or memory problems?  18. Have you ever had in many plant required that provide the path of the pa	<del></del>		nedical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever had surgery?  So. Do you have grain pain or a paintub gor hemain in the grain area?  5. Have you ever had surgery?  5. Have you ever had discomfort, pain, lightness, or pressure in your heast during exercise?  6. Have you ever had discomfort, pain, lightness, or pressure in your heast during exercise?  7. Does your heart ever race or skip beats (irregular beats) during exercise?  7. Does you have red of your barry to water you heart problems? If so, heak all that a largery make the page.  1. Have you ever had a hir or blow to the head that caused confusion, problems? If so, heak all that a largery.  1. Have you ever had an interpret or largery had a heart indication.  2. By you have red and an interpret or largery have any heart for example, ECG/EKG, during exercise?  3. Have you ever had an unexplained seizure?  4. Do you goe the find of sharing?  5. Have you ever had an unexplained seizure?  5. Have you ever had an unexplained seizure?  6. Have you ever had an unexplained seizure?  7. Lear you ever had an unexplained seizure?  8. Have you ever had an unexplained seizure?  9. Do you goe the meet short for breath than expected during exercise?  1. Have you ever had an unexplained seizure?  1. Have you ever had an unexplained seizure?  2. Do you goe there the or short for wealth more quickly than your friends during exercise?  5. Does anywore in your family have higher those and the problems or had an unexpected or unexplained seizure?  6. Have you ever had an interpreting explained problem, pasemaker, or implanted definitions, Engaged syndrome, or catechickenineric chopmosphic venturing active and control of the past the problems of the past than your family have a heart problem, pasemaker, or implanted definitions, Engaged syndrome, or catechickenineric chopmosphic venturing active and your family have a heart problem, pasemaker, or implanted definitions, explained as yockering to a does, in sackery and your family have a heart problem, pasemaker, or implanted definitions, explained your famil								
4. Have you ever had surgery?  5. Rave you ever what discounters, pain, highliness, or pressure in your chest acting exercise?  6. Rave you ever what discounters, pain, highliness, or pressure in your chest acting exercise?  7. Does you have are rare or exist peats from the pain are rare or exist peats from the conting exercise?  8. Ras a doctor ever told you that you have any heart problems? if so, check all that diply:  8. Ras a doctor ever told you that you have any heart problems? if so, check all that diply:  8. Ras a doctor ever told you that you have any heart problems? if so, check all that diply:  8. Ray have given result as the or blow to the head that caused confusion.  9. Ras a doctor ever told you that you have any heart problems? if so, check all that diply:  9. Ray have given result as the or blow to the head that caused confusion.  9. Ray have given result as the or blow to the head that caused confusion.  9. Ray have given result as the or blow to the head that caused confusion.  9. Ray have given have result as the problems?  33. Rave you were had an interpolation?  34. Rave you were had an interpolation?  35. Rave you ever had an interpolation?  36. Row you were been unable to more your arms or legs after being hit or failing?  37. Bo you have an prumbers, singling, or weakness in your arms or legs after being hit or failing?  48. Rave you ever had an unexplained seluture?  49. Do you get more tired or short of health more quickly than your friends during exercise?  40. Like you get more tired or short of health more quickly than your friends during exercise?  41. Due you get member or relative clied of healt problems or had an unexpected or unexplained sudden death before age 50 (including revenue), your give give pressure in your family have problems with your give pressure in your family have problems or had an unexpected or unexplained sudden death before age 50 (including revenue), your give give pressure in your family have problems, your give your give give your give give give your gin								
5. Have you ever based out or nearly passed out DURBIG or ATTER exercise? 6. Nave you ever had discomfort, pain, tightness, or pressure in your chest curring exercise? 6. Nave you ever had discomfort, pain, tightness, or pressure in your chest curring exercise? 6. Nave you ever had discomfort, pain, tightness, or pressure in your heart section or skip beats (irregular beats) during exercise? 6. Nave you ever had a hind or bloor to the head that caused confusion, protonged headache, or memory problems? 7. Nave you ever had an interpret disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have read an interpret of the head that caused confusion, protonged headache, or memory problems? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have becatache, or memory problems? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have a history of seizure disconder? 7. Do you have any rather have highly that beat problems? 8. Have you ever had an unexplained disconder of seizures, or heart problems are problems of the heart problems? 8. Does anywen in your family have phetro				<b> </b>		4		
AFTER exercise?    33. Have you were had discomfort, pain, lightness, or pressure in your chest during exercise?   34. Have you ever had a help of the head that caused confusion, prolonged headache, or memory problems?   35. Have you ever had a help of both to be head that caused confusion, prolonged headache, or memory problems?   36. have you ever had a help of source head an eligible of the head that caused confusion, prolonged headache, or memory problems?   36. have you ever had a history of seizure disorder?   36. have you ever had an history of seizure disorder?   37. be you have headaches with exercise?   38. have you ever had ministry with exercise?   38. have you ever had ministry of seizure disorder?   37. be you have headaches with exercise?   38. have you ever had ministry of seizure disorder?   37. be you have headaches with exercise?   38. have you ever had ministry of seizure disorder?   37. be you have headaches with exercise?   38. have you ever had ministry of seizure disorder?   37. be you have headaches with exercise?   38. have you ever had ministry of seizure of seizure?   38. have you ever had ministry of seizure disorder?   37. be you have headaches with exercise?   38. have you ever had mensitry of seizure of seizure?   38. have you ever had ministry of seizure of seizure?   38. have you ever had ministry of seizure of seizure?   38. have you ever had an unexplained of seizure?   38. have you ever had an unexplained seizure?   38. have you had an unexplained seizure?   38. have you ever had an unexplained seizure?	EART HEAL	TH QUESTIONS A	BOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
6. Hare you ever had discomfort, pain, tightness, or pressure in your Activity during exercise?  8. Has a doutor ever had you that you have any heart problems? If so, heack all that apply.    High blood pressure   A heart murmur   High blood pressure   A heart murmur   High cholesterol   A heart infection   A heart infection			r nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?		
chest during exercise?  8. As a doctor ever fold you that you have any heart problems? if so, check all that apply.  8. By a control ever fold you that you have any heart problems? if so, check all that apply.  8. His a doctor ever fold you that you have any heart problems? if so, check all that apply.  8. His a doctor ever fold you that you have any heart problems? if so, check all that apply.  8. His a doctor ever fold you that you have any heart problems? if so, check all that apply.  9. Has a doctor ever offered a lest for your heart? (for example, ECGEXIG, echocardiogram)  9. Has a doctor ever offered a lest for your heart? (for example, ECGEXIG, echocardiogram)  9. Has a doctor ever offered a lest for your heart? (for example, ECGEXIG, echocardiogram)  9. Has a doctor ever offered a lest for your heart? (for example, ECGEXIG, echocardiogram)  10. Do you get pitcheaded or feel more short of breath than expected during exercise?  11. Have you ever been unable to move your arms or legs after being hit or disling?  12. Do you get finequent muscle cramps when exercising?  13. Have you ever become ill while exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  14. Do you get finequent muscle cramps when exercising?  15. Do you wear placed or short of breath that or disease?  16. Do you get finequent muscle cramps when exercising?  17. Do you wear placed or short or fined that for disease?  18. Have you under get a darry professe and a fined fined fined get fined fined get fined fined get fine			art nois tightness or process is some	<del> </del>				ļ
7. Does your heart ever race or skip beats (irregular beats) during exercise?  8. Isas a doctor ever lod you that you have any heart problems? If so, check all that apply.    High blood pressure   A heart murmur			ort, pain, ugniness, or pressure in your					1
3. As a doctor ever fold you that you have any heart problems? if so, check all that apople;    High blood pressure   A heart murmur     High blood pressure   A heart murmur     High cholestered   A heart infection     Karvasaid disease (Other:     3. Has a doctor ever ordered a test for your heart? (For example, ECGUEKG, echocardiogram)     3. Do you get Bightheaded or feel more short of breath than expected during exercise?     4. New you ever had an unexplained seizure?     2. Do you get more tired or short of breath more quickly than your friends during exercise?     3. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including off orkinning, unexplained sudden death before age 50 (including off orkinning, unexplained sudden death before age 50 (including off orkinning, unexplained sudden death before age 50 (including off orkinning, unexplained definifiator?     4. Do you warry about your weight?     4. Do you wear protective eyewear, such as googles or a face shield?     4. Are you not a special died or do you avoid certain types of foods?     5. Does anyone in your family have phartropilic cardiomypeathy, forg 0 T syndrome, short 0T syndrome, Brugada syndrome, or catecholaminergic polymorphic verificular cardiomypeathy, forg 0 T syndrome, short 0T syndrome, Brugada syndrome, or catecholaminergic polymorphic verificular cardiomypeathy (in the particular cardypeath)     6. Does anyone in your family have long of the particular cardypeathy     7. Does anyone in your family have unexplained definified or     8. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?     9. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?     1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?     1. Have you ever had an injury to a bone, ordioxic, or offer assistive device?     1. Do yo		-	r skip beats (irregular beats) during exercise?					
High blood pressure			hat you have any heart problems? If so,					
High cholestard   A heart infection   San Away gou ever had numbness, ingling, or weakness in your arms or lega after being hit or claim?			☐ A heart murrouv			37. Do you have headaches with exercise?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EXG, echocardiogram) 9. Do you get tightheaded or feel more short of breath than expected during exercise? 1. Have you ever had an unexplained seizure? 2. Do you get more tried or short of breath more quickly than your friends during exercise? 2. Has you ever had an unexplained seizure? 2. As any family member or relative died of heart problems or had an unexpected or unexplaned soudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 4. Does anyone in your family have hippertrophic cardiomyopathy, Marfan syndrome, arhort OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrilator? 5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrilator? 5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrilator? 5. Has anyone in your remity had unexplained fainting, unexplained electrons or near drowning? 6. Has anyone in your termity had unexplained fainting, unexplained electrons or near drowning? 7. Have you ever had an injury to a bone, muscle, gigament, or tendon that caused you to miss a practice or a game? 7. Have you ever had an injury to a bone, muscle, gigament, or tendon that caused you to miss a practice or a game? 8. Have you ever had an injury to a bone, muscle, or keave you had an x-ray for neck instability or attainabasial instability? (Davan syndrome or dwarfise) 7. Do you regularly use a brace, or thotics, or other assistive device? 8. Do you regularly use a brace, or thotics, or other assistive device? 8. Do you regularly use a brace, or thotics, or other assistive device? 8. Do you regularly use a brace, or finding that bothers you?								
cechocardiogram)  0. Do you get Eightheaded or feet more short of breath than expected during exercise?  1. Have you ever had an unexplained seizure?  2. Do you get more bried or short of breath more quickly than your friends during exercise?  2. Do you get more bried or short of breath more quickly than your friends during exercise?  2. EART HEALTH QUESTIONS ABOUT YOUR FAMILY  3. Has any family member or relative clied of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained card accident, or sudden infant death syndrome)?  4. Does anyone in your family have hypertrophic cardiomyopathy, Morfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long OT syndrome, long of miniphated defibriliator?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  9. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a pacitic or a game?  9. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a pacitic or a game?  9. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches?								_
41. Do you get frequent muscle cramps when exercising?  1. Have you exer had an unexplained seizure?  2. Do you get more bried or short of breath more quickly than your friends during exercise?  EART HEALTH QUESTIONS ABOUT YOUR FAMILY  Yes  No  3. Has any family member or relative clied of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  4. Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arrhythmogenic right verificular cardiomyopathy, Nong QT your or your family have a heart problem, pacemaker, or implanted defibriliator?  6. Has anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  6. Has anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  7. Have you ever had an injury to a bone, muscle, §gament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had a stress fracture?  1. Have you ever had a stress fracture?  1. Have you ever had a stress fracture?  2. Do you get more bred or short of breath more quickly than your friends daring yee injuries?  42. Do you get more thed or short of breath more quickly than your friends darily yee injuries?  43. Have you had any problems with your eyes or vision?  44. Have you had any problems with your eyes or vision?  45. Do you wear protective eyewar, such as goggles or a face shiekl?  47. Do you wear protective eyewar, such as goggles or a face shiekl?  48. Are you then you that any any or foods?  59. Have you ever had an eating disorder?  51. Do you have any concerns that you would like to discuss with a doctor?  FEMALES ONLY  52. Have you or special diet or do you avoid certain types of foods?  54. How many periods have you had your first menstrual period?  54. How many periods have you had your first menstrual period?  55. Have you			test for your heart? (For example, ECG/EXG,					
1. Have you ever had an unexplained seizure? 2. Do you get more tired or short of breath more quickly than your friends during exercise? 4. Lave you had any problems with your eyes or vision? 4. Lave you had any problems with your eyes or vision? 4. Lave you had any problems with your eyes or vision? 4. Loos anyone in your family have hypertrophic cardiomyopathy, long QT syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 5. Does anyone in your family have a heart problem, pseemaker, or implanted deficilitator? 6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 7. Have you ever had an injury that bothers or dislocated joints? 7. Have you ever had an injury that power of have you had an x-ray for neck instability or adtancasial instability? (Down syndrome or divardism) 7. Have you ever head a nighty to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 8. Have you ever had an injury that power or have you had an x-ray for neck instability and any groblems with your eyes or vision? 9. Have you were head an injury that power or have you had any one problems with your eyes or vision? 9. How you have any problems with your eyes or vision? 9. How you have any problems with your eyes or vision? 9. Lave you wear glasses or contact tenses? 9. An you ware glasses or contact tenses? 9. An you on an apecial diet or do you avoid certain types of foods? 9. An you on an a special diet or do you avoid certain types of foods? 9. Do you were had an entire died of heart problem, proceeding the province of the			eel more short of breath than expected					
2. Do you get more tired or short of breath more quickly than your friends during exercise?  EART HEALTH QUESTIONS ABOUT YOUR FAMILY Yes No  1. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 4. Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrilator?  6. Has anyone in your family had unexplained seitures, or near drowning?  7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury to a bone, muscle, ligament, or tendon injury that required x-rays, MRIL CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had as lifery that required x-rays, MRIL CT scan, injections, therapy, a brace, a cast, or crutches?  1. Have you had any pye injuries?  44. Have you had any eye injuries?  45. Do you wary protective eyewear, such as goggles or a face shiekt?  46. Do you wary protective eyewear, such as goggles or a face shiekt?  47. Do you wary protective eyewear, such as goggles or a face shiekt?  48. Are you trying to or has anyone recommended that you gain or loss weight?  49. Are you on a special diet or do you avoid certain types of foods?  50. Have you ever had an entire service and an entire service and an eating disorder?  51. Do you have any concerns that you would like to discuss with a doctor?  52. How would serve you when you had your first menstrual period?  53. How work were you when you had in the last 12 months?  54. How many periods have you what your were had an			Paring to harize	ļ		-		<u> </u>
during exercise?  LART HEALTH QUESTIONS ABOUT YOUR FAMILY  3. Has any family member or relative died of heart problems or had an unexpected or unexplained sadden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  4. Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arrhythmogenic right ventricular cardiomyopathy, Kong QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrilator?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Has anyone in your family bad unexplained fainting, unexplained seizures, or near drowning?  7. Have you ever had an injury to a bone, muscle, gament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  10. Have you ever had a siress fracture?  11. Do you have any concerns that you would like to discuss with a doctor?  12. Have you ever had a menstrual period?  13. How old were you when you had your first menstrual period?  14. Have you have glasses or contact tenses?  46. Do you war protective eyewear, such as goggles or a face shield?  47. Do you war; protective eyewear, such as goggles or a face shield?  48. Are you trying to or has anyone recommended that you gain or lose weight?  8. Are you trying to or has anyone recommended that you gain or lose weight?  9. Have you over had an eating disorder?  15. Do you have any concerns that you would like to discuss with a doctor?  15. Do you have any concerns that you would like to discuss with a doctor?  15. Have you over had an eating disorder?  15. Do you have any concerns that you would like to discuss with a doctor?  15. Have you over ha						1		-
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instability or atlantoaxial instability? (Down syndrome or dwarfism)  2. Do you regularly use a brace, orthotics, or other assistive device?  3. Do you have a bone, muscle, or joint injury that bothers you?								
3. Do you have a bone, muscle, or joint injury that bothers you?								
4. Do any of your joints become painful, swollen, feel warm, or look red?			<del></del>					
5. Do you have any history of juvenite arthritis or connective tissue disease?								

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MESSOS 9-684

### ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Ex	am					
Name _				Date of birth _		
Sex	Age	Grade	School	Sport(s)		
	f disability				<del></del>	
	f disability					
	fication (if available)					
		sease, accident/trauma, other)				
5. List the	e sports you are inter				T	A HI I I I I I I I I I I I I I I I I I I
44 ( 444 )	a de la capación de l Capación de la capación de la				Yes	No .
		e, assistive device, or prosthet				
		ce or assistive device for sport			<del> </del>	
		essure sores, or any other skin	problems?			
· · · · · · · · · · · · · · · · · · ·		? Do you use a hearing aid?			<u> </u>	
	ı have a visual impaii	· · · · · · · · · · · · · · · · · · ·	·0		├──	
		ices for bowel or bladder funct	KAT!			
	ou had autonomic dy	comfort when urinating?			-	
		· - · · · · · · · · · · · · · · · · · ·	hermia) or cold-related (hypothermia)	illnaes?		
	i have muscle spastic		лентва) от сояс-тезатей (пурошента)	au icss r		
		res that cannot be controlled b	v modication?			
		ies that cashiot de combueco b	y incurcation:		<u></u>	
Explain "ye	s" answers here					
					***************************************	
			· · · · · · · · · · · · · · · · · · ·			
Please India	cate if you have eve	er had any of the following.				
			Santayla a Danish di pang manan himidi)		Yes	oter Assemble some
Atlantoaxia	l instability					
X-ray evalu	ation for atlantoaxial	instability				
Dislocated	joints (more than one	e)				
Easy bleed	ing					
Enlarged sq	pleen					
Hepatitis						
Osteopenia	or osteoporosis					
Difficulty o	ontrolling bowel					
Difficulty co	ontrolling bladder					
Numbness	or tingling in arms or	r hands				
Numbness	or tingling in legs or	feet				
Weakness	in arms or hands					
Weakness	in legs or feet					
Recent cha	nge in coordination					
Recent cha	inge in ability to walk					
Spina bilida	a					
Latex aller	JY .					
Evalsia #vo	s" answers here					
explosit jo	3 4134461311616					
l hereby sta	ite that, to the best	of my knowledge, mv answe	rs to the above questions are compl	ete and correct.		
		yyy	,			
Signature of a	thleta		Signature of parent/guardian		Date_	

NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practician 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  1. Consider additional questions on  * Do you feet stressed out or und  * Do you ever feet sad, hopeless,	ler a lot of pres depressed, or	sure?				
<ul> <li>Do you feel safe at your home</li> <li>Have you ever tried cigarettes,</li> <li>During the past 30 days, did yo</li> <li>Do you drink alcohol or use an</li> </ul>	chewing tobac u use chewing y other drugs?	tobacco, snuff, or d				
<ul> <li>Have you ever taken anabolic s</li> <li>Have you ever taken any suppl</li> <li>Do you wear a seat belt, use a</li> <li>Consider reviewing questions on</li> </ul>	ements to help helmet, and us	you gain or lose we e condonis?	eight or improve your p	performance?		
EXAMINATION	Mirenage eren	kakabapa sa salabara	. Dan bara da karangang garang		ali a transita de esta	
Height	Weight		☐ Male	☐ Female		
BP / (	/ )	Pulse	Vision F		L 20/	Corrected 🗆 Y 🗆 N
Appearance  Marfan stigmata (kyphoscoliosis, h	igh-arched pala	te, pectus excavatum		NORMAL 1915	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ABNORMAL FINDINGS
arm span > height, hyperlaxity, my Eyes/ears/nose/throat • Pupits equal	opła, MVP, aorbi	: insufficiency)				
Hearing						
Lymph nodes Heart*				1		
Murmurs (auscultation standing, si     Location of point of maximal imput		iva)				
Pulses  • Simultaneous femoral and radial or	depe					
Lungs	JING					
Abdomen						
Genitourinary (males only)*						
Skin • HSV, lesions suggestive of MRSA, t Neurologic*	inea corporis					
	Transperie		yaya ya ayaadaaNa	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	i graninistasiya	
Neck						
Back						
Shoulder/arm					-	
Elbow/forearm Wrist/hand/fingers					-	
Hip/thigh						
Knee						
Leg/ankie		·				
Foot/toes						
Functional  Duck-walk, single leg hop						
*Consider ECG, echocardiogram, and referral i *Consider GU exam if in private setting. Havini *Consider cognitive evaluation or baseline ne.	third party preser	nt is recommended.				
☐ Cleared for all sports without restric	:ton					
☐ Cleared for all sports without restric	tion with recom	mendations for furthe	er evaluation or treatme	nt for		
☐ Not cleared						
☐ Pending further evalu	ation					
For any sports						
□ For certain sports						
Reason						
Recommendations						
participate in the sport(s) as outlined	l above. A copy ed for participa	of the physical exa	m is an recard in my (	office and can be mad	e available to the	pparent clinical contraindications to practice and school at the request of the parents. It conditions potential consequences are completely explained
Name of physician, advanced practi	ce nurse (APN	), physician assistar	nt (PA) (print/type)			Date
Address						
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 eva	uluation or treatment for	
☐ Not cleared		
□ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations	<del> </del>	
EMERGENCY INFORMATION		
Allergies		
	****	
1300		
Other information		
HCP OFFICE STAMP	SCHOOL PHYSICIAN:	
	Reviewed on	(Date)
	Approved Not	
	Signature:	
I have examined the above-named student and completed the preparticular contraindications to practice and participate in the sport(s) and can be made available to the school at the request of the parent the physician may rescind the clearance until the problem is resolve (and parents/guardians).	as outlined above. A copy of the its. If conditions arise after the at	physical exam is on record in my office filete has been cleared for participation,
Name of physician, advanced practice nurse (APN), physician assistant (PA)		
Address		
Signature of physician, APN, PA		
Completed Cardiac Assessment Professional Development Module		
DateSignature		

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

### State of New Jersey DEPARTMENT OF EDUCATION

### HEALTH HISTORY UPDATE QUESTIONNAIRE

ude	nt	\ge	Grade	_
ate (	of Last Physical Examination	Sport		_
nce	the last pre-participation physical examination, has your so	n/daugh	ter:	
1.	Been medically advised not to participate in a sport?  If yes, describe in detail		<del></del>	
2.	Sustained a concussion, been unconscious or lost memory from If yes, explain in detail	m a blow	to the head? Yes _	No
3.	Broken a bone or sprained/strained/dislocated any muscle or j. If yes, explain in detail	oints?	Yes	No
4.	Fainted or "blacked out"  If yes, was this during or immediately after exercise?			No
5.	Experience chest pains, shortness of breath or "racing heart?"  If yes, explain			No
	Has there been a recent history of fatigue and unusual tiredness Been hospitalized or had to go to the emergency room?  If yes, explain in detail		Yes	No No
	Since the last physical examination, has there been a sudden d the family under age 50 had a heart attack or "heart trouble?" Started or stopped taking any over-the-counter or prescribed n If yes, name of medication(s)	nedication	Yes ns? Yes	/ member No _No

### **Website Resources**

- http://tlnyurl.com/m2gjmvq Sudden Death in Athletes
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

### **Collaborating Agencies:**

### American Academy of Pediatrics

3836 Quakerbridge Road, Suite 108 New Jersey Chapter Hamilton, NJ 08619

(p) 609-842-0014 (f) 609-842-0015 www.aapnj.org

### American Heart Association Union Street, Suite 301

Robbinsville, NJ, 08691 (p) 609-208-0020 www.heart.org

### New Jersey Department of Education

www.state.nJ.us/education/ renton, NJ 08625-0500 (p) 609-292-5935

PO Box 500



### New Jersey Department of Health

frenton, NJ 08625-0360 (p) 609-292-7837 P. O. Box 360

M. Health www.state.nj.us/health

### Lead Author: American Academy of Pediatrics, New Jersey Chapter

Written by: Initial draft by Sushma Raman Hebbar, MD & Stephen G. Rice, MD PhD

NJ Department of Health and Senior Services, American Heart Association/New Jersey Chapter, NJ Academy of Family Practice, Pediatric Cardiologists, Additional Reviewers: NJ Department of Education. New Jersey State School Nurses

Stephen G. Rice, MD; Jeffrey Rosenberg, MD, Louis Teichholz, MD; Perry Weinstock, MD Lakota Kruse, MD, MPH; Susan Martz, EdM; Christene DeWitt-Parker, MSN, CSN, RN; Revised 2014: Nancy Curry, EdM;

### CARDIAC というと

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Sudden Cardiac Death The Basic Facts on in Young Athletes





American Academy of Pediatrics DEDICATED TO THE HEALTH OF AU, CHILDREN"





other sports; and in African-Americans than

common: in males than in females;

Sudden cardiac death is more

in football and basketball than in in other races and ethnic groups.

### What are the most common causes?

udden death in young athletes

between the ages of 10

SHIPPON CARDIMENDEATHINN YOUNG ATHUSTIES

by one of several cardiovascular abnormalities roo-LAY-shun). The problem is usually caused ventricular fibrillation (ven- TRICK-you-lar fib-Research suggests that the main cause is a and electrical diseases of the heart that go loss of proper heart rhythm, causing the blood to the brain and body. This is called unnoticed in healthy-appearing athletes heart to quiver instead of pumping

also called HCM. HCM is a disease of the heart muscle, which can cause serious heart rhythm The most common cause of sudden death in (hi-per-TRO-fic CAR- dee-oh-my-OP-a-thee) problems and blockages to blood flow. This genetic disease runs in families and usually an athlete is hypertrophic cardiomyopathy with abnormal thickening of the heart develops gradually over many years.

ultimately dies unless normal heart rhythm

is restored using an automated external

defibrillator (AED).

pumping adequately, the athlete quickly

collapses, loses consciousness, and

time) during or immediately after exercise

without trauma. Since the heart stops

heart function, usually (about 60% of the

result of an unexpected failure of proper

Sudden cardiac death is the

What is sudden cardiac death

in the young athlete?

done to prevent this kind of What, if anything, can be and 19 is very rare.

tragedy?

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is

very rare. About 100 such deaths are

The chance of sudden death occurring to any individual high school athlete is reported in the United States per year.

about one in 200,000 per year.

The second most likely cause is congenital abnormalities of the coronary (con-JEN-it-al) (i.e., present from birth)

(commonly called "coronary artery blood vessels are connected to disease," which may lead to a heart arteries. This means that these heart in an abnormal way. This differs from blockages that may the main blood vessel of the occur when people get older attack).

# SUDIDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

### Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
  - Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

# What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

## Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at http://www.hhs.gov/familyhistory/index.html.

# When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

## Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

### Why have an AED on site during sport

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

NJ.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1'/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being

### State of New Jersey DEPARTMENT OF EDUCATION

### Sudden Cardiac Death Pamphlet Sign-Off Sheet

Name of School District:
Name of Local School:
I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.
Student Signature:
Parent or Guardian Signature:
Date:

### Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute
  annually this educational fact to all student athletes and obtain a signed acknowledgement from each
  parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a
  concussion will be immediately removed from competition or practice. The student-athlete will not be
  allowed to return to competition or practice until he/she has written clearance from a physician trained in
  concussion treatment and has completed his/her district's graduated return-to-play protocol.

### **Ouick Facts**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

### Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

### Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision

- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

### What Should a Student-Athlete do if they think they have a concussion?

- Don't hide it. Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- Report it. Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- Take time to recover. If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

### What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

### Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

### Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- Step 3: Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- Step 4: Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- Step 5: Following medical clearance (consultation between school health care personnel and studentathlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- Step 6: Return to play involving normal exertion or game activity.

For further information on Sports-Related C www.cdc.gov/concussion/sports/in-	dex.html	www.nfhs.com		
www.ncaa.org/health-safety	www.bianj.org	<u>www.atsnj.org</u>		
Signature of Student-Athlete	Print Student-A	Print Student-Athlete's Name		
Signature of Parent/Guardian	Print Parent/Gu	ardian's Name	Date	