

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 Wt: _____ lbs Ht: _____ In
- Medically eligible for all sports without restriction with recommendations BMI: _____%
for further evaluation or treatment of _____ BP: _____/_____ HR : _____
- Medically eligible for certain sports Vision: R 20/____ L20/_____ corrected: Y/N
- Not medically eligible pending further evaluation Hearing: WNL Y/N
- Not medically eligible for any sports Physical WNL : Y/N Scoliosis: Y/N

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 _____