

GUIDELINES - CDMS SPORT FORM**FALL - due 8/21/2026****WINTER - due 10/30/2026****SPRING - due 2/26/2027****Guidelines & Forms CHANGE-effective 24/25 school year PLEASE READ CAREFULLY-ONLY signature pages need to be submitted**

>>>> Sport Physical Forms Are Available on our site under: Colts Neck Schools - Cedar Drive Middle School - Health office - Sport Forms<<<<

- The annual Athletic Pre-Participation Physical Examination (PPE) Forms are required by the New Jersey Department of Education. These forms are required for any middle or high school student in NJ who wants to participate in an interscholastic or intramural sports program. The (PPE) form was developed jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.
- The PPE Form shall include the history and physical examination components, athletes with disabilities form (*if applicable*) and the medical eligibility form (MEF). In addition, a certification statement, to be signed by the licensed physician, advanced practice nurse, or physician assistant who performed the physical examination, attesting to the completion of the Student Athlete Cardiac Assessment Professional Development Module developed pursuant to subsection a. of section 3 of P.L.2013, c.71 (C.18A:40-41d). It is recommended that you verify that your medical provider has completed this module BEFORE scheduling an appointment for a physical.
- The updated form no longer requires the submission of the health history questionnaire or the physical exam portion of the exam to the school. The completed history and physical exam form should be maintained by the HCP completing the physical exam. It does not need to be shared with the school. The MEDICAL ELIGIBILITY FORM is required to be submitted to the student's school and kept on file.
Please be sure Medical Eligibility Forms are dated, signed, and stamped by the HCP's office to avoid delay in eligibility to participate/tryout for sports.
- Physical forms MUST be reviewed/approved by the school nurse and/or school physician BEFORE a student can participate in practice or tryouts.
- Approved physicals on file in the CDMS health office are good for 365 days from the date of physical exam.
- Notification of approval/disapproval for participation is mandated per administrative code and school policy, therefore included in procedures. Students will receive a "gold" slip to communicate clearance to participate/tryout in season sport.
- Incomplete or late forms cannot be guaranteed to be approved before the season starts. Please adhere to all deadlines and guidelines to assure that your child is cleared to participate or try out on time.

SUBMIT THE FOLLOWING EACH SPORT/SEASON [fall-winter-spring]:

- **Permission Form - New form required for each sport/season.** Parent/guardian and student signatures are required with current date
~~~ IF A STUDENT CHANGES SPORT AFTER CLEARANCE --- A NEW PERMISSION FORM IS REQUIRED FOR NEW SPORT ~~~
- **Health History Update Questionnaire - Complete if physical performed more than 90 days prior to the 1<sup>st</sup> day of practice/try-outs**

**SUBMIT THE FOLLOWING EVERY SCHOOL YEAR:**

- **Sports -Related Concussion and Head Injury Sign- Off Form - Parent/guardian and student signatures required with current date**
- **Sudden Cardiac Death Pamphlet Sign-Off Sheet - Parent/guardian and student signatures required with current date**
- **Opioid Use/Misuse Form - Parent/guardian and student signatures required with current date**
- **Medical Eligibility Form - Be sure this form is complete BEFORE submitting to school including dr signature, date, and office stamp**
- **Special Needs Supplemental History Form - only if applicable**
- **Immunizations - proof of 6th grade entry required immunizations (Tdap and Meningococcal) OR office note of scheduled appointment to receive vaccination with follow up documentation**
- **Allergy, Asthma or Seizure Action Plans -Treatment Plans from your Health Care Provider and **Medication** - if applicable MUST be on-file if student is carrying own emergency relief medication (Epi-Pens or Albuterol Rescue Inhalers) with approval Be sure to update school nurse with any health concerns for your child**

**INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION BY YOU and YOUR HEALTH CARE PROVIDER PER NJ ADMINISTRATIVE CODE**

If a student does not have a medical home (defined as a healthcare provider) you may choose to have the school physician perform the sport physical.

Parents may contact the office via phone or email (early summer) to set up an appointment.

**Sport Teams:**

|                                  |                           |                       |                   |                        |
|----------------------------------|---------------------------|-----------------------|-------------------|------------------------|
| Boys & Girls Soccer (Fall)       | Boys Basketball (Winter)  | Wrestling (Winter)    | Softball (Spring) | Tennis (Spring)        |
| Cross Country (Fall) Open to all | Girls Basketball (Winter) | Cheerleading (Winter) | Baseball (Spring) | Track & Field (Spring) |

**REMEMBER TO KEEP A COPY FOR YOUR RECORDS**

Cedar Drive Middle School  
Health Office  
732-946-0055 ext. 4502  
Fax 732-365-1002

**PERMISSION**

**TO ENGAGE IN SPORT TEAMS or ATHLETIC INTRAMURALS**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
SPORT \_\_\_\_\_ or INTRAMURAL \_\_\_\_\_

- I hereby give my consent for my child to participate in the athletic program conducted by Cedar Drive Middle School.
- I understand that my child will be attending all practices and games during the season. I assume responsibility for providing transportation for my child promptly at the designated time.
- I recognize that my son/daughter must have a comprehensive examination recorded on the appropriate form prior to participation on any sport team / intramural. In addition, a comprehensive medical history must accompany the student / athlete at the time of the physical. Both forms must be signed by the examining physician and filed with the nurse's office.
- In the event that an injury occurs, I will assume all responsibility and expense through my own insurance company or the elective school insurance.
- I understand the N.J.A.C. 629.6.4 necessitates inclusion of a "cautionary" statement: Realizing that such an activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, the use of the most protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge / understand this warning.
- I give my permission for emergency treatment for injuries sustained in any sport activity.
- It is assumed that the school authorities will use care in arranging means of transportation and insist that the participant use the means selected.

**STUDENT** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT / GUARDIAN** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**New Jersey Department of Education  
Health History Update Questionnaire**

Name of School: \_\_\_\_\_

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Sport: \_\_\_\_\_

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes ☐ No ☐

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ☐ No ☐

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ☐ No ☐

If yes, describe in detail:

4. Fainted or "blacked out?" Yes ☐ No ☐

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes ☐ No ☐

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes ☐ No ☐

7. Been hospitalized or had to go to the emergency room? Yes ☐ No ☐

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ☐ No ☐

9. Started or stopped taking any over-the-counter or prescribed medications? Yes ☐ No ☐

10. Been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes ☐ No ☐

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes ☐ No ☐

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**Please Return Completed Form to the School Nurse's Office**



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

A concussion is a traumatic brain injury that can be caused by a blow to the head or body that disrupts the normal functioning of the brain. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells, disrupting the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting balance, reading (tracking), problem solving, planning, memory, attention, concentration, and behavior. Concussions can range from mild to severe. Having a concussion increases the risk of sustaining another concussion. Second-impact syndrome may occur when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death.

### **Requirements addressing sports-related concussions and head injuries for student athletes and cheerleaders**

- All school districts, charter, and non-public schools that participate in interscholastic sports are required to distribute this educational fact to all student athletes and cheerleaders and obtain a signed acknowledgment 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 and cheerleaders.
- Any cheerleader or 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 they have written clearance from a physician trained in concussion treatment and have completed his/her district's graduated return-to-play protocol.

### **Quick 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 and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

### **Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian/Caregiver, Teammate, and others)**

- 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
- 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 - trouble reading
- Sensitivity to light/sound
- Feeling of sluggishness or foggiess - fatigue
- Difficulty with concentration, short term memory, and/or confusion

### **Dangerous Signs & Symptoms of a Concussion**

- New onset of symptoms
- One pupil is larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting, nausea, or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out); even a brief loss of consciousness should be taken seriously.

### **What should a student-athlete do if they think they have a concussion?**

- Do not hide it. Tell your athletic trainer, coach, school nurse, or parent/guardian.
- Report it. Do not return to competition or practice with symptoms of a concussion or head injury.
- 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.

### **What can happen if a student-athlete continues to play with a concussion or returns to play too 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 accommodation made for student-athletes who have suffered a concussion?**

- Most students will only need help through informal, academic adjustments as they recover from a concussion.
- 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
- Contact the school nurse if symptoms persist to discuss whether additional accommodations are

necessary.

- To recover, cognitive rest is just as important as physical rest. Reading, texting, computer use and even watching movies can slow down recovery. Limit screen time during recovery.

**Students who have sustained a concussion may not return to practice or competition until they receive written clearance from a physician trained in the evaluation and management of concussion and complete the graduated [Six-step return to play protocol outlined by the CDC](#):**

**Step 1: Back to regular activities (such as school)**

Athletes or cheerleaders are back to their regular activities (such as school).

**Step 2: Light aerobic activity**

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

**Step 3: Moderate activity**

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

**Step 4: Heavy, non-contact activity**

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

**Step 5: Practice & full contact**

Athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.

**Step 6: Competition**

Young athletes may return to competition.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- [CDC Heads Up](#)
- [Keeping Heads Healthy](#)

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Student athlete's name (print)

Student athlete's signature

Date

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Parent / Guardian name (print)

Parent / Guardian signature

Date

## Website Resources

- Sudden Death in Athletes  
<http://tinyurl.com/m2gjmva>
- Hypertrophic Cardiomyopathy Association  
[www.4hcm.org](http://www.4hcm.org)
- American Heart Association [www.heart.org](http://www.heart.org)

## Collaborating Agencies:

**American Academy of Pediatrics  
New Jersey Chapter**  
3836 Quakerbridge Road, Suite 108  
Hamilton, NJ 08619  
(p) 609-842-0014  
(f) 609-842-0015  
[www.aapnj.org](http://www.aapnj.org)



**American Heart Association**  
1 Union Street, Suite 301  
Robbinsville, NJ, 08691  
(p) 609-208-0020  
[www.heart.org](http://www.heart.org)



**New Jersey Department of Education**  
PO Box 500  
Trenton, NJ 08625-0500  
(p) 609-292-5935  
[www.state.nj.us/education/](http://www.state.nj.us/education/)



**New Jersey Department of Health**  
P.O. Box 360  
Trenton, NJ 08625-0360  
(p) 609-292-7837  
[www.state.nj.us/health](http://www.state.nj.us/health)



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# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

## The Basic Facts on Sudden Cardiac Death in Young Athletes



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
**American Academy of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

**S**udden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



**What is sudden cardiac death in the young athlete?**

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

**How common is sudden death in young athletes?**

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.



**What are the most common causes?**

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

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

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).

## SUDDEN 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 Preparation 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 sporting events?

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).

N.J.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 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet  
Sign-Off Sheet**

Name of School District: Colts Neck Township Schools  
Name of Local School: CEDAR DRIVE MIDDLE SCHOOL

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: \_\_\_\_\_

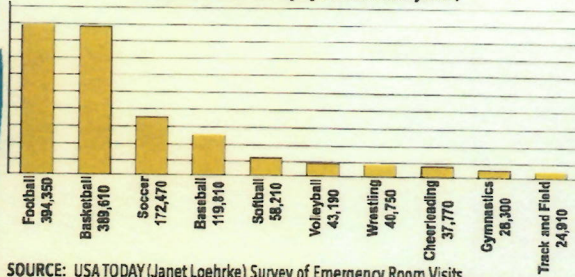
Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Number of Injuries Nationally in 2012 Among Athletes 19 and Under from 10 Popular Sports

(Based on data from U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System)



SOURCE: USA TODAY (Janet Loehrke) Survey of Emergency Room Visits

## Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.<sup>5</sup>

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.<sup>6</sup>

## What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:



**PREPARE** Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.



**CONDITIONING** Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.



**PLAY SMART** Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.



**ADEQUATE HYDRATION** Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.



**TRAINING** Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.



**REST UP** Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.



**PROPER EQUIPMENT** Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

## Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

**National Council on Alcoholism and Drug Dependence - NJ** promotes addiction treatment and recovery.

**New Jersey Department of Health, Division of Mental Health and Addiction Services** is committed to providing consumers and families with a wellness and recovery-oriented model of care.

**New Jersey Prevention Network** includes a [parent's quiz](#) on the effects of opioids.

**Operation Prevention Parent Toolkit** is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.

**Parent to Parent NJ** is a grassroots coalition for families and children struggling with alcohol and drug addiction.

**Partnership for a Drug Free New Jersey** is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.

**The Science of Addiction: The Stories of Teens** shares common misconceptions about opioids through the voices of teens.

**Youth IMPACTing NJ** is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

## References

<sup>1</sup> Massachusetts Technical Assistance Partnership for Prevention

<sup>2</sup> Centers for Disease Control and Prevention

<sup>3</sup> New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)

<sup>4</sup> Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC

<sup>5</sup> National Institute of Arthritis and Musculoskeletal and Skin Diseases

<sup>6</sup> USA TODAY

<sup>7</sup> American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's [Alcohol, Tobacco, and Other Drug Use](#) webpage.

Updated Jan. 30, 2018.



# OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

## Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller.<sup>1</sup> It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.<sup>2</sup>

This educational fact sheet, created by the New Jersey Department of Education as required by state law (*N.J.S.A. 18A:40-41.10*), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

### How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.<sup>3</sup> It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

### What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.<sup>3</sup> In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening,<sup>4</sup> such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the [New Jersey Department of Health](#).

## What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

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The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.<sup>4</sup>
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.

*[The New Jersey Department of Education developed this template Student-Athlete Sign-Off Form in January 2018 to assist schools with adhering to state statute requiring student-athletes (and their parents/guardians, if the student is a minor) to confirm they have received an Opioid Fact Sheet from the school. School districts, approved private schools for students with disabilities, and nonpublic schools that participate in an interscholastic sports or cheerleading program should insert their district or school letterhead here.]*

## Use and Misuse of Opioid Drugs Fact Sheet

### Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this [Opioid Use and Misuse Educational Fact Sheet](#) to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School: CEDAR DRIVE MIDDLE SCHOOL

Name of School District (if applicable): Colts Neck Township Schools

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature (also needed if student is under age 18): \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup>Does not include athletic clubs or intramural events.

# SPORTS-RELATED EYE INJURIES:

## AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.<sup>1</sup> According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

### Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.<sup>2</sup> **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**<sup>3</sup>

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

<sup>1</sup> National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>2</sup> Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>3</sup> Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_Injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm), December 27, 2013.

## Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

♦ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

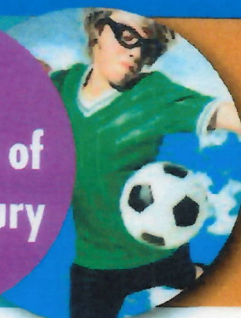
♦ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

♦ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.<sup>4</sup>

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

## Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

## What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

## Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For

example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more

minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.



**Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.**

<sup>4</sup>Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_injuries.htm), December 27, 2013.

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots  
☐ Three shots ☐ Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

|                                             | 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  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

#### GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

|                                                                                                                   | Yes | 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?                                                      |     |    |
| HEART 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)

|                                                                                                                                                                                                                                                                                                                       |               |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise?                                                                                                                                                                                                                               |               |            |           |
| 10. Have you ever had a seizure?                                                                                                                                                                                                                                                                                      |               |            |           |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>                                                                                                                                                                                                                                                                       | <b>Unsure</b> | <b>Yes</b> | <b>No</b> |
| 11. 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?                                                                                                                                                                                                                            |               |            |           |



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## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION                                                                                                                                                                                                                                                            |               |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------|
| Height: _____                                                                                                                                                                                                                                                          | Weight: _____ |                                                                                                  |
| BP: _____ / _____ ( _____ / _____ )                                                                                                                                                                                                                                    | Pulse: _____  | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| COVID-19 VACCINE                                                                                                                                                                                                                                                       |               |                                                                                                  |
| Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                            |               |                                                                                                  |
| Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____ |               |                                                                                                  |
| MEDICAL                                                                                                                                                                                                                                                                | NORMAL        | ABNORMAL FINDINGS                                                                                |
| Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>                                        |               |                                                                                                  |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>                                                                                                                                                           |               |                                                                                                  |
| Lymph nodes                                                                                                                                                                                                                                                            |               |                                                                                                  |
| Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>                                                                                                                     |               |                                                                                                  |
| Lungs                                                                                                                                                                                                                                                                  |               |                                                                                                  |
| Abdomen                                                                                                                                                                                                                                                                |               |                                                                                                  |
| Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>                                                                                  |               |                                                                                                  |
| Neurological                                                                                                                                                                                                                                                           |               |                                                                                                  |
| MUSCULOSKELETAL                                                                                                                                                                                                                                                        | NORMAL        | 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 <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>                                                                                                                              |               |                                                                                                  |

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The Medical Eligibility Form is the only form that should be submitted to a school.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

|                                                                                                                 |     |    |
|-----------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Type of disability:                                                                                          |     |    |
| 2. Date of disability:                                                                                          |     |    |
| 3. Classification (if available):                                                                               |     |    |
| 4. Cause of disability (birth, disease, injury, or other):                                                      |     |    |
| 5. List the sports you are playing:                                                                             |     |    |
|                                                                                                                 | Yes | No |
| 6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?              |     |    |
| 7. Do you use any special brace or assistive device for sports?                                                 |     |    |
| 8. Do you have any rashes, pressure sores, or other skin problems?                                              |     |    |
| 9. Do you have a hearing loss? Do you use a hearing aid?                                                        |     |    |
| 10. Do you have a visual impairment?                                                                            |     |    |
| 11. Do you use any special devices for bowel or bladder function?                                               |     |    |
| 12. Do you have burning or discomfort when urinating?                                                           |     |    |
| 13. Have you had autonomic dysreflexia?                                                                         |     |    |
| 14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? |     |    |
| 15. Do you have muscle spasticity?                                                                              |     |    |
| 16. Do you have frequent seizures that cannot be controlled by medication?                                      |     |    |

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

|                                                              |     |    |
|--------------------------------------------------------------|-----|----|
|                                                              | Yes | No |
| Atlantoaxial instability                                     |     |    |
| Radiographic (x-ray) evaluation for atlantoaxial instability |     |    |
| Dislocated joints (more than one)                            |     |    |
| Easy bleeding                                                |     |    |
| Enlarged spleen                                              |     |    |
| Hepatitis                                                    |     |    |
| Osteopenia or osteoporosis                                   |     |    |
| Difficulty controlling bowel                                 |     |    |
| Difficulty controlling bladder                               |     |    |
| Numbness or tingling in arms or hands                        |     |    |
| Numbness or tingling in legs or feet                         |     |    |
| Weakness in arms or hands                                    |     |    |
| Weakness in legs or feet                                     |     |    |
| Recent change in coordination                                |     |    |
| Recent change in ability to walk                             |     |    |
| Spina bifida                                                 |     |    |
| Latex allergy                                                |     |    |

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 \_\_\_\_\_

- ☐ 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: \_\_\_\_\_

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