

<b>GENERAL QUESTIONS</b> (E la i Ye a e a he e d f hi f . Ci cle e i ik d ' k he a e.)	<b>Ye</b>	<b>N</b>
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?		

BONE AND JOINT QUESTIONS	Ye	N
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Ye	N
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		

✓ PREPARTICIPATION PHYSICAL EVALUATION

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**! PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)**  
**PHYSICAL EXAMINATION FORM**

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

**PHYSICIAN REMINDERS**

1. 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?
  - ¥

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 \_\_\_\_\_ ID# \_\_\_\_\_

- 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 on this form and completed the preparticipation physical evaluation. The athlete does not have apparent 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 read 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: \_\_\_\_\_

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