



Princeton High School

151 Moore Street, Princeton, New Jersey 08540 t 609.806.4280

It is the practice of the Princeton Public Schools to require a current physical examination for all ninth and eleventh grade students. In addition, all new students to the district and all athletes must submit a Physical Evaluation Form completed within the past 365 days.

If you want to participate in a sport at PHS, you should complete:

1. The New Jersey Department of Education: PREPARTICIPATION PHYSICAL EVALUATION History form, Physical Examination form and Clearance form
2. Athletic Information Form
3. Athletic Parental Consent Forms: Review Sudden Cardiac Death pamphlet, NJSIAA Concussion fact sheet, NJSIAA Steroid Testing Policy, NJSIAA Banned drug list, and the Media consent

*** Please note: Princeton Public Schools in accordance with The State of New Jersey will require all sports physicals to be conducted by physicians who have completed the CARDIAC ASSESSMENT PROFESSIONAL DEVELOPMENT MODULE which is available online to all licensed physicians. The physician must sign the bottom of the physical form stating that they have completed the module. If your child's doctor has not completed this assessment. the physical will not be accepted.

For subsequent sport seasons, during the same school year, simply complete:

1. Athletic Information Form
2. Health History Update
3. Athletic Parental Consent Forms

Please keep us informed of any health related conditions that may affect your child and if he/she is taking daily medication even if it is not during school hours. If your son/daughter needs to take any medication during school hours or for emergency use (asthma or anaphylaxis) have the pediatrician complete the appropriate forms. These can be obtained on the PPS website www.princetonk12.org or from the school's health office.

Please update the health office with all emergency contact information.

All completed forms must be submitted to the school nurse **within 90 days** of the start of each sport season. Please adhere to posted sport forms date deadlines. Be advised that submitting the forms within the last 15 days before the start of the sport season may result in your child not being eligible to start the season on time because once forms are received they must be sent to our school doctor and processed for approval.

Thank you for your cooperation.

PHS School Nurses

Margarida Cruz RN, MSN, CSN
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Athletic Forms Checklist

1. Physical Evaluation Form (History, Physical, Clearance)

- a. History Form
 - i. All 54 questions answered _____
 - ii. **All Yes answers explained in detail** _____
 - iii. Student signature _____
 - iv. Parent Signature _____
- b. Physical Form
 - i. Completed by MD _____
 - ii. Height, Weight, Vision, B/P filled in _____
 - iii. Date of PE clearly indicated _____
 - iv. Physician signature and stamp _____
 - v. Date of physician's signature (may be different than date of PE) _____
- c. Clearance Form
 - i. Completed by MD _____
 - ii. Signed, dated and stamped by MD _____
 - iii. MD signature on the Cardiac Assessment Professional Development module line _____

2. Athletic Information Form

3. Consent Forms — reviewed and signed by both student and parent

Forms can be found: phs.princetonk12.org -Athletics -Forms

- i. Sudden Cardiac Death Pamphlet
- ii. NJSIAA Concussion Fact Sheet
- iii. NJSIAA Steroid Testing Policy
- iv. NJSIAA Banned Drug List
- v. Media consent

4. Impact Testing

All athletes must have an impact test prior to starting sports. This test is valid for 2 years. If it has been more than 2 years since the last impact test please make your coach aware of this in order to schedule another test or email our athletic trainer at shannon_koch@princetonk12.org

For *subsequent sport seasons** during the *same* school year, simply complete within 90 days of the first day of practice for the sport:

1. Athletic Information Form / Consent forms
2. Health History Update Questionnaire

* Note: Physical examination forms expire on the 365th day after the doctor's signature for students participating in sports. To continue participating in a sport, students MUST submit a new physical evaluation form prior to the expiration.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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 Pollens Food Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. 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)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. 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 ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any 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 with 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 if you have ever had any of the following.

	Yes	No
Allantoaxial instability		
X-ray evaluation for allantoaxial 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 above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The pre-participation physical examination must be completed by a health care provider who: 1) is a licensed physician, advanced practice nurse or physician assistant, and 2) has completed the Student Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION 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, 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 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 (questions 5-14).

Doctors Office Only

Date of Exam: _____

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)†			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ‡			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 † Consider GU exam if in private setting. Having third party present is recommended.
 ‡ Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____
 Address _____ Phone _____
 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 evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

ATHLETIC INFORMATION

Name _____ Date _____
Address _____ Grade _____
_____ Sport _____
Home Phone _____ Gender Male _____ Female _____
Date of Birth _____ Place of Birth _____
Date of entrance into 9th grade _____
School attended last year _____
Parent/Guardian to be contact in an emergency:
Name _____ Home Phone _____
Cellular Phone _____ Work Phone _____
Other Emergency Contact: Name _____ Home Phone _____
Cellular Phone _____ Work Phone _____

PERMISSION FOR ATHLETICS

To the Principal:

I hereby give _____ (student's name) permission to compete in _____ (name of sport), sponsored by the Board of Education and under the supervision of approved instructors. Realizing that such an activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with proper coaching, use of protective equipment, and observances of rules, injuries are still a possibility. On occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

Signature of Parent/Guardian

PERMISSION FOR EMERGENCY TREATMENT

I hereby give permission for the school to arrange emergency treatment for my child if none of the above adults can be reached.

Signature of Parent/Guardian

***For emergency situations: Please list below, for the athletic department, any known allergies, medical conditions, pertinent medical diagnosis (acute or chronic) and current medications.**

STATEMENT OF INSURANCE

My son/daughter is covered for injury under a policy with:

Name of Insurance Company

Policy Number

DO NOT COMPLETE FORM BELOW LINE

- Physical Examination Parental Permission Academic Eligibility Athletic Equipment
Other _____

Athletic Acknowledgement & Consent Form

N.J.S.I.A.A. CONCUSSION POLICY ACKNOWLEDGEMENT FORM

We have received and reviewed the N.J.S.I.A.A. concussion policy acknowledgment form and understand the facts, signs and symptoms of a concussion, as well as the basic guidelines for the concussion management protocol.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

NJSIAA STEROID TESTING POLICY

We have received and reviewed the N.J.S.I.A.A. steroid testing policy, as well as the NJSIAA banned drug list. We consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SUDDEN CARDIAC DEATH BROCHURE

We have received and reviewed the sudden cardiac death in young athletes pamphlet and understand the basic facts of sudden cardiac death in young athletes. We are also aware of additional resources available on this subject from the American Heart Association (www.heart.org) and the Hypertrophic Cardiomyopathy Association (www.4hcm.org)

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

MEDIA COVERAGE

I hereby give permission for the release of videotapes, audio recordings, and photographs that could identify my child by name, to the school district and the media for the use in various media outlets including but not limited to news stories, websites and social media outlets, as it pertains to my child and Princeton Public School District Athletics. I also grant permission for my child to be interviewed by the school district and the media as it pertains to Princeton Public Schools District athletics.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

All of these policies and brochures can be found on the high school website @ pfs.princetonk12.org under athletic – forms.