### Warren Hills Regional Middle School Health Office

64-66 Carlton Avenue Washington, NJ 07882 (908) 689-0750 ext. 2020 MS Fax 908-835-0570

Dear Parent/ Guardian of incoming 7th grader:

Welcome to Warren Hills Middle School!

The Warren Hills School District requires that all incoming 7th grade students have a **current physical examination** on file.

Enclosed you will find the NJ state mandated physical form. Please fill out the 1st page, and give it to your child's doctor to fill out pages 2-4. This form should be returned to the school nurse by October 6, 2023.

If your child plans to participate in a sport at Warren Hills, the school nurse will need the <u>original</u> completed physical form. *No faxed*, *scanned or emailed copies can be accepted for sports*.

Thank you for your attention in this matter.

Yours Sincerely,

Michelle Gaffney, RN, CSN <u>Gaffneym@warrenhills.org</u> Linda Katstra, RN, CSN <u>Katstral@warrenhills.org</u> School Nurses ATTENTION PARENT/GUARDIAN: The preparticiaption physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and allergies? Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) that you are currently and nutritional taking and nutritional participations (herbal and nutritional) that you are currently taking or and nutritional taking and nutritional participations (herbal and nutritional participations).  If the you are medicines (herbal and nutritional participational and nutritio			Date of birth			
Do you have any altergies?   Yes   No   If yes, please identify specific allergy below.   Modicines   Pollens   Food   Singing insects	Age Grade School					
Medicines   Poleins   Poleins   Pool   Slinging Insects	d Allergies: Please list all of the prescription and over-the	e-count	nes and supplements (herbal and nutritional	) that you are currently taking		
Medicines   Pool   Slinging Insects					_	
Medicines   Pool   Slinging Insects		_				
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1. It is a dictor ever denied or restricted your participation in sports for any reason?  2. Do you have any ongoing medical conditions? If so, please identify below  2. Bo you were sport the night in the hospital?  3. Nave you were that disregary?  3. Nave you were that disregary?  4. Nave you were that disregary?  4. Nave you were that disregary?  5. Nave you were that disregary?  5. Nave you were that disregary?  5. Nave you were that discomfort, pain, tightness, or pressure in your chest sturing exercise?  6. Nave you were that discomfort, pain, tightness, or pressure in your chest sturing exercise?  7. Nove your heart ever raction or skip basis (irregular beals) during exercise?  8. Nave a cincture ver told you that you have any heart problems? it so, check all that apply.  9. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems? it so, check all that apply.  19. Ness a cincture ver told you that you have any heart problems?  29. Ness you ever that districts were told on the time that the time expected of the told you that you have any the time expected you were told an unexplained secures?  20. Do you put in you thank have the told that you have any told you meet the told you were told you were told or fined in more short of heart f	nswers below. Circle questions you don't know the answe	ers to.				
asty resource?  Do you have any ongoing medical conditions? If so, please identify below. Asthma   Anemia   Diabetes   Infections   Diabetes   Diabetes   Diabetes   Diabetes   Diabetes   Diabetes   Diabetes   Diabetes   Di	TIONS	Yes I	EDICAL QUESTIONS	Yes	N	
below: Asthma   Anemia   Diabetes   Infections Other:  3. Have you ever spent the night in the hospital?  4. Have you ever had surgery?  5. Have you ever had surgery?  6. Have you ever had surgery?  7. Does your heart ever race or skip basts (progular basts) during exercise?  7. Does your heart ever race or skip basts (progular basts) during exercise?  8. Has a doctor ever duly but hay on have any heart problems? if so, check at that apply:  6. Have you ever had an every late of the surgery of th				ng during or		
3. Have you were spent the night in the hospital?  4. Have you ever had surgery?  4. Have you ever had surgery?  5. No see your the separation of the state of th			7. Have you ever used an inhaler or taken asthma	medicine?		
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Have you ever had surgery?    Search Featth Questions ABOUT YOU   Search Featth Questions ABOUT YOU   Search Featth Questions ABOUT YOU   Search Featth Questions AFTER exercises?   All Nave you were had discomfort, pain, tightness, or pressure in your chest during exercise?   All Nave you were had discomfort, pain, tightness, or pressure in your chest during exercise?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you had a frequency of the last month?   All Nave you were had a fire your heart? (For example, ECG/EKG, office, and into the last month?   All Nave you were had a fire your heart? (For example, ECG/EKG, office, office	er spent the night in the hospital?	-		iey, an eye, a testicle		
NEAST HEALTH QUESTIONS ABOUT YOU  S. Have you ever passed out or nearly passed out DURING or APT156 earcrise?  6. Have you ever had disconford, pain, tightness, or pressure in your chest during exercise?  7. Does you had never race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, whock all that spily:    High blood pressure   A heart numrum:   High chocksteard   A heart numrum:   A heart mer fled to go the state of the stat				nia in the groin area?		
AFTER exercise?  6. Have you were 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. Have you ever had a history to the head dinury or concussion, prolonged headache, or memory problems?  9. Has a dotor ever fold you that you have any heart problems? If so, check all that apply:  9. Has a dotor ever ordered a test for your heart? (For example, ECG/EKG, ecclocardiogram)  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained selzure?  12. Do you get more tired or short of breath more quickly then your friends during exercise?  13. Have you ever had an unexplained selzure?  14. Have you ever had an unexplained selzure?  15. Do you get more tired or short of breath more quickly then your friends during exercise?  16. Description in your family have lead the fast problems or had an unexpected or energhained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 44. Have you ever because it in your family and well accepted any problems with your eyes or vision?  17. Do you get more tired or relative died of heart problems or had an unexpected or energhained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 45. Do you ware protective eyewers, such as goggles or a face shield?  17. Do you ware protective eyewers, such as goggles or a face shield?  18. Are you lived unexplained deficilitator?  19. Have you ever had an injury to a bone, muscle, ligament, or tendom that caused you to miss a practice or a game?  19. Have you ever had an injury to a bone, muscle, ligament, or tendom that caused you to miss a practice or a game?  29. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crucitives?  29. Have you ever had an injury to a bone, muscle, ligament, or tendom that caused you to mi		Yes I				
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chest during exercise?  7. Does your heart ever race or skip beats (trregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  9. High blood pressure  1. High blood pressure  2. High blood pressure  3. Have you ever had a flut or blow to the head that caused confusion, prolonged headache, or memory problems?  38. Have you ever had a flut or blow to the head that caused confusion, prolonged headache, or memory problems?  38. Have you ever had a minumbness, tingling, or weakness in your arms or legs after being hit or failing?  40. Do you get inghitheded or feel more short of breath than expected during exercise?  41. Do you get more tired or short of breath more quickly than your friends during exercise?  42. Do you get more tired or short of breath more quickly than your friends during exercise?  43. Have you ever bed an int your family have is posterior pick each blood and an unexpected or unexplained selzure?  44. Does anyone in your family have byeeftrophic cardiomycopathy, long CT syndrome, short OT syndrome, Prograds syndrome, or catecholaminergic polymorphic verificular cardiomycopathy, long CT syndrome, short OT syndrome, Brugads syndrome, or catecholaminergic polymorphic verificular cardiomycopathy, long CT syndrome, short OT syndrome, Brugads syndrome, or catecholaminergic polymorphic verificular cardiomycopathy, long CT syndrome, short OT syndrome, Brugads syndrome, or catecholaminergic polymorphic verificular cardiomycopathy. In the syndrome, arm of control to sex very large and syndrome, arm of syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of control to sex very large and syndrome, arm of some syndrome, arm of some syndrome, arm of some sy			3. Have you had a herpes or MRSA skin infection?			
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check all that apply: High blood pressure A heart murmur High cholesterol A heart infection Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) O by ou yet lightheaded or feel more short of broath than expected during exercise?  1. Have you ever had an unexplained seizure? 2. Do you get more fired or short of breath more quickly than your friends during exercise?  14. Have you ever had an unexplained seizure?  25. Do you get more fired or short of breath more quickly than your friends during exercise?  16. Has anyone in your family had unexplained seiden death before age 50 (including drowning, unexplained car action) patents of the heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car action) patents of the syndrome, arrivythmogenic right ventricular cardiomyopathy, Marfan syndrome, shrift off syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  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 an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. 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 an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a theory or the assistive device?  18. Have you ever had an an injury to a theory or the assistive device?  18. Have you ever had an an injury to a theory or the assistive device?  18. Have you ever had an an injury to a theory or the assistive device?  18. Have you ever had an an injury to a throad or that you have a hore, a cast, or crutches?  18. Have you ever had an injury to a throad or the angent of the proper or t						
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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?  13. Has any family member or relative died of heart problems or had an unexplained car accident, or sudden infant death syndrome?  14. Does anyone in your family have inpertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Inog 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 defibrilator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  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 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 had a stress fracture?  22. Do you regularly use a brace, or floit injury that bothers you?  23. Do you have an byne, 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?			). Have you ever become ill while exercising in the	heat?		
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No N				sion?	_	
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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?  80NE AND JOINT QUESTIONS  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 an injury to a bone 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 had a stress fracture?  22. Have you ever had a stress fracture?  23. Do you regularly use a brace, or hotics, or other assistive device?  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?		-		hat you gain or		
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FEMALES ONLY						
52. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  10. Have you ever had a stress fracture?  11. Have you ever had an injury that pour have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  12. Do you regularly use a brace, or chitotics, or other assistive device?  13. Do you have a bone, muscle, or joint injury that bothers you?  14. Do any of your joints become painful, swollen, feel warm, or look red?  15. Do you have any history of juvenile arthritis or connective tissue disease?			<del>Sarahanaman in an an</del>	discuss with a doctor?		
SONE AND JOINT QUESTIONS  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 heen 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 any history of juvenile arthritis or connective tissue disease?						
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25. Do you have any history of juvenile arthritis or connective tissue disease?					_	
handly state that he had af my branches my many many and the state of	any history of juvenile arthritis or connective tissue disease?					
hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	that, to the best of my knowledge, my answers to the	above	s are complete and correct.			

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HEGS93
9-2881/0410

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

Name Date of Sex Age Grade School Sport(s)		
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  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?		
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 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?	Yes	
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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?		
Please indicate if you have ever had any of the following.		
rease muleate it you have ever had any or the following.		
	Yes	No
Atlantoaxial instability	Yes	No
X-ray evaluation for attantoaxial instability	Yes	No
X-ray evaluation for attantoaxial instability Dislocated joints (more than one)	Yes	No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding	Yes	No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen	Yes	No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis	Yes	No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one)  Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis	Yes	No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel	Yes	No
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	Yes	No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel	Yes	No
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	Yes	No
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	Yes	No
X-ray evaluation for attantoaxial 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	Yes	No
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	Yes	No
X-ray evaluation for attantoaxial 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	Yes	No

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

#### PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name				Date of birth	
PHYSICIAN REMINDERS  1. Consider additional questions on 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 digarettes, 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?  2. Consider reviewing questions on cardiovascular symptoms (questions 5–14),			DATE OF EXAM:		
Height Weight D	Male □ F	emale			
	ision R 20/	Ullidio	L 20/	Corrected □ Y □ N	
MEDICAL	10101111 207	NORMAL	1 20/	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					
Abdomen  Genitourinary (males only) <sup>b</sup>	_				
Skin	_		_		
HSV, lesions suggestive of MRSA, tinea corporis					
Neurologic <sup>c</sup>					
MUSCULOSKELETAL					
Neck Back	_				
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh					
Knee					
Leg/ankle	_				
Foot/foes Functional					
Duck-walk, single leg hop			1		
Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exame 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 tre	eatment for				
□ Not cleared □ Pending further evaluation					
☐ For any sports					
☐ For certain sports					
Recommendations					
have examined the above-named student and completed the preparticipation physical articipate in the sport(s) as outlined above. A copy of the physical exam is on record in rise after the affilet has been cleared for participation, a physician may rescind the cleater the affilete (and parents/guardians).	n my office	and can be m	ade available to th	e school at the request of the parents. If conditions	
Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type	e)			Date	
Address					
Signature of physician, APN, PA					
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## 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		
TOO STITISTICAL CONTROL OF THE STATE OF THE		
EMERGENCY INFORMATION		
EMERGENCY INFORMATION  Allowaice		
Allergies		
A CONTRACTOR OF THE CONTRACTOR		
7		
OH A COMP		
Other information		
-		
HCP OFFICE STAMP	COUNCE DESCRIPTION AND	
TIOF OFFICE STANIF	SCHOOL PHYSICIAN:	
	Reviewed on	(Date)
	Approved Not	
	Signature:	
	oignature	
I have examined the above-named student and complet		
clinical contraindications to practice and participate in and can be made available to the school at the request	the sport(s) as outlined above. A copy of the of the parents. If conditions arise after the a	physical exam is on record in my office
the physician may rescind the clearance until the proble	em is resolved and the potential consequence	es are completely explained to the athlete
(and parents/guardians).		
Name of physician, advanced practice nurse (APN), physician a	assistant PA)	Date
Address		
Signature of physician APN, PA		
Completed Cardiac Assessment Professional Development Mod		
DateSignature		
Oignaturo		

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