



Cranford Athletic Department

Darren Torsone, Athletic Director

SPORTS PHYSICAL EXAMINATION INFORMATION for 2017-18 SCHOOL YEAR

A sports physical exam is required for students who will participate on a Cranford High School athletic team. Sports Physical exams may be completed by either the school physician or by a student's private physician. All exams must be completed on the district forms. All physical examinations are valid for 365 days. All students who plan to participate in a **FALL** sport should report to their school nurse for sports physical forms or get them online at www.cranfordschools.org/chs/athletics under Athletic Participation Forms. Print out the entire physical packet and be sure that both student athletes and Parent/Guardian read and review the last pages related to the NJSIAA policy on Steroid Testing, MRSA, Sports Related Eye Injuries, and Sudden Cardiac Death in athletes prior to signing the Parent/Guardian Participation Consent.

All student athletes participating in a contact sport are required to complete an Impact Baseline Test, provided by the district, prior to the start of the season. Additional information regarding concussions can be found at www.cranfordschools.org/chs/athletics under Memos/Handouts.

Students participating in a **FALL** sport will report to the Upper Gym in Cranford High School for their physical examination according to the following schedule: **(Please note times are approximate.)**

Friday, June 2nd – Current CHS Boys
Wednesday, June 7th – Current CHS Girls
Thursday, June 8th – Incoming Freshman

All Days 3:00PM in the CHS Health Office

FALL SPORTS

Cross Country, Field Hockey, Football, Gymnastics, B/G Soccer, Girls Tennis, Girls Volleyball, Cheerleading

PHYSICALS DONE BY SCHOOL PHYSICIAN

Both the History and Supplemental Forms in addition to the Athletic Code of Conduct/Participation Consent and the Sports-Related Concussion and Head Injury Fact Sheet/Acknowledgement Form must be completed by the parent/guardian and returned to the school nurse **PRIOR** to the school exam date. **The nurse in that building will complete the height, weight, blood pressure and visual acuity on the form prior to the physical. Both consent forms & pre-physicals should be done by May 31st.**

PHYSICALS DONE BY PRIVATE PHYSICIAN

Print out packet from school website as listed above or pick one up from your child's school nurse. Both the History and Supplemental form must be completed by parent/guardian before the private physical is performed. Return the completed private physical packet to Cranford High School by **June 19th, 2017**. **All Physicians must sign that they have completed the Cardiac Assessment Module on the bottom of the Physical Evaluation Form.**

VALID PHYSICAL ON FILE (365 days)

For each new sport your child participates in **AFTER** a physical is on record, and within 365 days of physical date, a **HEALTH HISTORY UPDATE and consent forms** need to be completed. The update form is **NOT** available online and can only be issued by the school nurse once a valid physical is on file.

THE DEADLINE FOR FALL SPORTS FORMS IS JUNE 19th, 2017. IF LATE, THERE IS NO GUARANTEE THE ATHLETE WILL BE CLEARED IN TIME FOR THE FIRST PRACTICE.

If you have any questions contact:

Mrs. C. Ahern Cranford High School 709- 6305
Ms. S. Trojan, Cranford Achievement Program 709-6961
Ms. L. Kellett, Orange Avenue School 709-6270
Mrs. B. Rudofsky, Hillside Avenue School Nurse 709-6242
Mr. Dmitry Chervinsky, Athletic Trainer 709-6968

CRANFORD HIGH SCHOOL
Athletic Code of Conduct/Participation Consent Form

<i>Last Name</i>	<i>First Name</i>	<i>Grade</i>	<i>Sport</i>
<i>Address</i>	<i>Telephone</i>	<i>Birth date</i>	

ATHLETIC CODE OF CONDUCT

In requesting the opportunity to participate in the above named sport, I will abide by all of the policies and regulations of the Cranford Public School district and agree to:

1. Attend all team practices and games as outlined by the coaches.
2. Train consistently with optimal effort as advised by the coaching staff.
3. Fulfill all district and state academic and attendance requirements.
4. Refrain from smoking, the use of smokeless tobacco, alcohol and drugs at all times.
5. Make efforts to avoid scheduling any conflicting activities during the season.
6. Report injuries sustained during athletics to the coach and/or athletic trainer immediately.
7. Abide by the rules and regulations of the Cranford Public Schools and the NJSIAA.
8. Conduct myself in school and on the playing field so that I will bring only credit to my family, my team, and the Cranford Public Schools.
9. Take care of all equipment assigned to me and return all such items to the coach at the end of the season. I will be responsible to pay for any equipment not returned at the conclusion of the season.
10. Abide by the district's DRUGS, ALCOHOL, TOBACCO, SUBSTANCE ABUSE policy and the requirements of the ADAPT Program. (Information on the ADAPT Program is available through the Cranford Schools website.)
11. Any district student suspended from school under the Administrative Regulation shall likewise be suspended from participation in any athletic, co-curricular, or extra-curricular activities for the same period of time as the suspension from school.
12. Familiarize myself with and obey the rules and regulations of the Cranford Public Schools as stated in the Student Handbook which can be found on the CHS website.

ACADEMIC/AGE ELIGIBILITY

In requesting the opportunity to participate in the above named sport, I understand that the primary purpose of my enrollment in school is for the purpose of education. I therefore understand that I must meet the following state and district requirements in order to participate in athletics:

1. All students above the ninth grade must pass **30** credits at the conclusion of the school year in order to be eligible for the fall and winter sports programs. Ninth grade students are automatically eligible for the fall and winter upon arrival.
2. All students' grades 9-12 must be passing courses earning the equivalent of **15** credits at the conclusion of the second marking period in order to be eligible for the spring season.
3. Consult with your Guidance Counselor, Coach, or the Athletic Director regarding your eligibility.
4. A student cannot participate if he/she reaches age 19 prior to September 1st of the current school year. A 9th grader cannot reach age 16 prior to September 1st of his/her freshman year.

ATTENDANCE POLICY

In requesting the opportunity to participate in the above named activity, I will abide by the Attendance policy of the Cranford Public Schools, as summarized in Policy #5113 (Attendance, Absences, & Excuses) and as stated in Policy #6145.1 (Interscholastic Competition), both accessible via the Cranford Public School website. Further,

however, “no student shall participate in a performance, exhibition, practice, athletic contest, or other major afternoon or evening activity unless the student has been present in school for the entire day. Only the principal or assistant principal may grant an exemption for a most extraordinary circumstance”.

SPORTSMANSHIP and CONDUCT

Student-athletes and their parents representing the Cranford Public Schools are expected to demonstrate great pride in our school, team, themselves and their families. This pride is all a part of good sportsmanship. Pride and good sportsmanship is reflected in the conduct of student-athletes and parents during practices, games and during school. Student-athletes and their parents are expected to honor the rules of common decency at all times with teammates, opponents and spectators. They are expected to respect the authority of coaches and other school staff and shall conform to all requests made by them. In addition, a student-athlete’s appearance should be a matter of pride, which means cleanliness and neatness in dress is expected.

It is expected that the cardinal rules of sportsmanship are followed at all times. They are brief, but very important: ***The players play, the officials officiate; the coaches’ coach, and most importantly, the spectators are positive, respectful, and courteous at all times!***

PARENT/GUARDIAN PARTICIPATION CONSENT

- I hereby advise that my child is permitted to participate in the above named sport. I understand that the Board of Education provides accidental medical expense insurance to cover injuries incurred during athletic activities. I further understand that this coverage is an “excess only policy” that will provide benefits for injury only after benefits have been exceeded under my own personal insurance, group, or individual plan.
- I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility in athletics. On rare occasions 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.
- I acknowledge that I have reviewed the information provided in this packet and on the district website regarding MRSA, Sudden Cardiac Arrest in Athletics, and eye injuries.
- I give consent for my child to be randomly tested for steroids and the use of performance enhancing drugs in accordance with NJSIAA rules. More information regarding testing is attached and can be viewed at www.njsiaa.org.
- I give consent for my child to be tested using Impact Concussion Software as per district regulation. I understand that Impact testing is for evaluation and return to play information only and is not a preventative measure. More information can be obtained on the district website.
- I hereby confirm that my son/daughter lives within the boundaries established for the Cranford School District. To the best of my knowledge the medical history of my child is accurate. I have been informed and completely understand the district eligibility requirements for athletics and co-curricular activities.

Student-Athlete’s Name (print) _____ Date _____

Student-Athlete Signature _____

Parent/Guardian (print) _____ Date _____

Parent/Guardian Signature _____

THE DEADLINE FOR FALL SPORTS FORMS IS JUNE 19th.

(IF LATE, THERE IS NO GUARANTEE A STUDENT WILL BE CLEARED IN TIME FOR THE FIRST PRACTICE.)

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

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program on an annual basis.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement 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.
- Any 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 he/she has written clearance from a physician trained in concussion treatment and has 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 of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- 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
- Demonstrates behavior or personality changes
- 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
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **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. Repeat concussions can cause permanent brain injury.

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 accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- 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.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

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

www.cdc.gov/concussion/sports/index.html

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atsnj.org

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

■ 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
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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: Asthma Anemia Diabetes 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: 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)		
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 _____

SIGN HERE

ATTENTION: THIS FORM MUST BE COMPLETED AND SIGNED BY ATHLETE AND PARENT EVEN IF EACH ANSWER IS "NO".
THANK YOU.

■ 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
Atlantoaxial instability		
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 above questions are complete and correct.

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

SIGN HERE

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner 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 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION									
Height	Weight		Male	Female					
BP	/	(/)	Pulse	Vision R 20/	L 20/	Corrected	Y	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 ^a									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
• Location of point of maximal impulse (PMI)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only) ^b									
Skin									
• HSV, lesions suggestive of MRSA, tinea corporis									
Neurologic ^c									
MUSCULOSKELETAL									
Neck									
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
Functional									
• Duck-walk, single leg hop									

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. ^bConsider GU exam if in private setting. Having third party present is recommended. ^cConsider 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, 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) (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 _____