May 2019

Dear Parents and Guardians:

Welcome to the Knights Athletic Community! The Athletic program is looking forward to the start of the Fall 2019 Sports Season. The NJSIAA requires all athletes to have a complete physical once a year in order to participate in an athletic program. Physicals are good for 365 calendar days. The district Physical form and Health History Update form can be downloaded at https://bcts.bergen.org, under Athletics, Physical Forms.

Physicals are offered at Bergen County Academies, 200 Hackensack Ave, Hackensack on Wednesday, July 17 – 8:00 am and Thursday, July 18 1:15 pm in the nurse’s office. The athlete must have parental consent and the Health History Form of the Physical completed prior to the physical. If you prefer, your child/children can have the forms filled out by your personal physician. The physician, APN or PA must certify the form with a stamp and signature. They also shall sign the certification statement on page four (Clearance Form) of the PPE form attesting to the completion of the Cardiac PD module. A summer physical will prove to be sufficient for each of the three 2019-2020 sports’ seasons and will be kept on file. An athlete will not be permitted to participate in any sport without a current physical, parent permission, and online registration.

Please continue to check the BT Athletics page on https://bcts.bergen.org for updates. Our online registration will open on May 15 and close on July 19.

Sincerely,

Will Muller
Supervisor of Athletics
ONLINE SPORTS REGISTRATION
FALL SPORTS REGISTRATION DATES: MAY 15 – JULY 19

Dear Bergen County Technical School Athletes and Families:

We are excited to announce that we are now offering the convenience of online registration for our sports programs through FormReleaf. FormReleaf is a secure registration platform that provides you with an easy, user-friendly way to register for our programs and helps us to be more administratively efficient.

Before registering, be sure the school nurse has the student-athlete’s current physical on file and you have the following information handy:

1. Student I.D. number (you can find this 7 digit number on PowerSchool begins with grad year)
2. Doctor Information and last PE Exam Date
3. Health Insurance Information

BEGIN YOUR ONLINE REGISTRATION:

www.formreleaf.com

1. Signup for your FormReleaf account by entering your name, e-mail address and password.
2. Fill out the required information for your registration form. You will receive confirmation from FormReleaf once completed.
3. If you need help you can call FormReleaf support at (844) 367-6735.

*** At any time you can log back into FormReleaf.com to update your information for the programs which you are registered in “Registration History.”

Registration and Hard Copy of Physical Forms and Health History Update form are due no later than July 19.

We, at Bergen County Technical Schools, are excited about this program and hope that you will enjoy the ease of registering your students for high school sports. Go Knights!

William Muller
Supervisor of Athletics

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FALL SPORTS OFFERED:

FOOTBALL, BOYS/GIRLS CROSS COUNTRY, BOYS/GIRLS SOCCER, GIRLS TENNIS, GIRLS VOLLEYBALL, CHEERLEADING

SUMMER PHYSICAL DATES

Physicals are offered at Bergen County Academies, 200 Hackensack Ave, Hackensack Nurses Office

Wednesday, July 17, 8:00 am and Thursday, July 18, 1:15 pm,

You can download physical forms by visiting the BT Athletics page at:

https://bcts.bergen.org

Please fill out the History Form prior to the physical examination and bring it with you.
FALL 2019 SPORTS STARTING DATES

**** PLEASE CONTINUE CHECK BACK FOR UPDATES ****
Visit the BT Athletics Page at https://bcts.bergen.org

FOOTBALL: Coach Lynch: ryalyn@bergen.org
Summer workouts: Wednesdays Only, starting July 3 through July 24, 9:00-12:00 pm.
Tryouts: August 12, Monday through Friday, 7:30 – 12:15, report to Hackensack Campus, Boys Locker Room

GIRL’S VOLLEYBALL: Coach Kuzmik: chrkuz@bergen.org
Summer Camp: July 8 - July 11 and July 15- July 18, 9:00 – 3:00 pm. The flyer can be downloaded https://bcts.bergen.org
Tryouts: August 12, 13, 14, 8:30 am – 12:00pm, Hackensack Campus Gym

BOY’S SOCCER: Coach Ramirez: nelram@bergen.org
Summer Workouts: (Grades 10-12) Starting July 8, Monday through Friday, 4:00 – 6:00 pm, Hackensack Campus Soccer Field
Tryouts: August 12, Monday through Friday: Grades 10-12: 4:00 – 6:00 pm, Freshman: 10:30 am-12:30pm, Hackensack Campus Soccer Field

GIRL’S SOCCER: Coach Zweben: danzwe@bergen.org
Summer Workouts: July 8 through July 19, Mondays & Tuesdays, 3:00-5:00 pm, Hackensack Campus Soccer Field.
Tryouts: August 12, Monday through Friday, 8:00 am – 10:00 am, Hackensack Campus Soccer Field.

GIRL’S TENNIS: Coach Yselonia: johyse@bergen.org
Tryouts/Practices: August 12, Monday through Friday, Varsity and returning players: 8:00-10:00 am, Freshmen and new players: 10:00 – 12:00 pm, Phelps Park, Teaneck

CROSS COUNTRY: Coach Chomin: miccho@bergen.org Coach Cevoli: kencev@bergen.org
Tryouts: August 12, Monday-Friday 4:00 pm – 6:00 pm, Hackensack Campus Track

FOOTBALL CHEERLEADING: Coach Kara: btcheer@bergen.org
Mandatory Parent/Cheerleader Meeting: Thursday, May 30th 5:45 – Hackensack Campus Gym
Clinic: Monday, June 3, 6:00-7:30, BCA Gym Tryout: Tuesday, June 4, 5:00 – 7:00, Hackensack Campus Gym
The flyer can be downloaded https://bcts.bergen.org

COMPETITION CHEERLEADING: Coach Luna & Coach Perrucci: btcheercomp@bergen.org
Tryouts: Friday, June 7: 5:30-8:30, Saturday, June 8: 9:30-2:30, Monday,June 10: 5:30-8:30, Paramus Campus, 275 Pascack Road, Paramus

SPORTS NO-CONTACT PERIOD: Friday, July 19th at 5:00pm and end on Monday, August 5th at 7:00am

SUMMER SPORTS’ PHYSICALS
Wednesday, July 17 8:00 am and Thursday, July 18 1:15 pm,
BCA Nurses Office, 200 Hackensack Ave, Hackensack
Download Physical Forms by visiting the BT Athletics page at: https://bcts.bergen.org
Follow us on Twitter @BT_Knights

WINTER SPORTS OFFERED:
BASKETBALL, COMP CHEER, BOWLING, FENCING, INDOOR TRACK

SPRING SPORTS OFFERED:
BASEBALL, SOFTBALL, LACROSSE, TRACK & FIELD, GOLF, BOYS VOLLEYBALL, BOYS TENNIS
KNIGHTS SPORTS PARENTS BOOSTER CLUB

Supporting Bergen Tech Athletics and Keeping Its Families Informed

*If your child is considering playing a sport or cheerleading this year, please send in your membership form NOW so that we can provide you with important information about the athletic program.*

Our goal is 100% participation by all sports families.

Your membership helps us to:

- Connect you to our athletics community via e-mail updates, our team parent program & “Planning Meetings” with coaches at the start of each season.
- Help our teams excel by providing funding for team training, tournaments, & equipment not covered by the school athletics budget.
- Promote school spirit at all three BCTS Campuses.
- Award scholarships to outstanding graduating student-athletes.

To be eligible for a Knights Booster Scholarship, student-athlete’s family must be a Booster Member.

SUPPORT OUR SCHOOL AND SPORTS PROGRAMS!

Membership Fee: Only $30 per family & includes family admission to home games. Please send the bottom of this form with your check made payable to “Bergen County Technical Schools” to the Athletic Office. 200 Hackensack Ave, Hackensack NJ 07601

Please print clearly.

Student’s Name(s): ___________________________________

CAMPUS: Hackensack ____ Teterboro ____ Paramus ____ Applied Tech______

Year of Graduation___________

Parent/Guardian: ___________________________ E-mail address ___________________________

Parent/Guardian: ___________________________ E-mail address: ___________________________

Address: _________________________________ City: _________________________ Zip:__________

Home Phone: _____________________________ Cell Phone(s): ___________________________

____ Enclosed is our $30 Membership. ____ We’ve enclosed an additional donation of ________

____ I’d like to be a team parent representative for my child’s team. Parent’s name: __________________
Parspar Camp LLC presents Bergen Tech Volleyball Camp. We are excited to announce two sessions this summer. Session #1 is designed to teach the most recent fundamental techniques used in volleyball and small game play. Session #2 will review the fundamentals, but will focus on team concepts. Our goal is to make each camper a successful player whether they are a first time or experienced player. We will teach them individual skills, then link them together through small side games and team concepts. Each camper should improve with this training method.

The camp features two regulation volleyball courts which enables us to place each camper on the court that corresponds with their ability level. Our mission statement is for your child to improve their skills and have a great experience with the game of volleyball. Camp Director Matt Kingsley (Bergen Tech Head Boys Volleyball Coach) and Camp Coordinator Christine Kuzmik (Bergen Tech Head Girls Volleyball Coach) have over 30 years of high school and club coaching experience with boys & girls. For more information, contact Matt Kingsley at 201-410-2446 or coachkingsley@yahoo.com. **REGISTER TODAY, ENROLLMENT IS LIMITED FOR EACH SESSION!!**

**MAKE CHECKS PAYABLE TO: Parspar Camp**

Mail To: Parspar Camp
0-47 34th Street
Fair Lawn, NJ 07410

Check on of the following: Session #1  ____  Session #2  ____  Both Sessions  ____
2019 FALL-FOOTBALL CHEERLEADING TRYOUTS!

MANDATORY PARENTS/CHEERLEADER MEETING
Thursday, May 30th from 5:45pm-6:30pm – BCA Gym – 200 Hackensack Ave, Hackensack

If unable to attend, Please Email Coach Kara prior to the meeting date.

MANDATORY CLINIC
Monday, June 3rd from 6pm-7:30 pm – BCA Gym

TRYOUTS
Tuesday, June 4th from 5pm-7pm – BCA Gym

Registration is now open. Please go to formreleaf.com and register for 2019 Fall Cheer (Football).

CLICK HERE TO REGISTER FOR 2019 FALL FOOTBALL CHEER

**A current physical must be on file with your campus nurse in order to tryout, please check with the nurse to check your status**

All are welcome!
Any questions please email btcheer@bergen.org
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____
   If yes, name of medication(s) ______________________________ ________________________________________
   _______________________________________________________ ________________________________________

Date:________________________Signature of parent/guardian ___________________________________________

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE’S OFFICE
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 copy of this form in the chart.)

Date of Exam ___________________________ Date of birth __________________________

Sex _______ Age ___________ Grade _____________ School _____________________________ Sport(s) __________________________________

Name __________________________________________________________________________________ Date of Exam ___________________________________________________________________________________________________________________

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

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

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

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, 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

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

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. Have you ever had a heart infection or myocarditis?

30. Have you ever had seizures?

31. Have you ever had an injury to a bone, muscle, ligament, or tendon? (seizures, or near drowning?)

32. Do you get any rashes, pressure sores, or other skin problems?

33. Have you ever 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 ever had any problems with your eyes or vision?

44. Have you ever 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?

MEDICAL QUESTIONS

55. Are you on a blood thinner?

56. Have you ever had surgery?

57. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

58. Have you ever had any broken or fractured bones or dislocated joints?

59. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

60. Have you ever had a stress fracture?

61. 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)

62. Do you regularly use a brace, orthotics, or other assistive device?

63. Do you have a bone, muscle, or joint injury that bothers you?

64. Do any of your joints become painful, swollen, feel warm, or look red?

65. Do you have any history of juvenile arthritis or connective tissue disease?

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 __________________________


HE0503

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
Preparticipation Physical Evaluation
THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____________________________________________________________________________________________________________________________________________________

Name __________________________________________________________________________________ Date of birth __________________________

Sex _______ Age __________ Grade _____________ School _____________________________ Sport(s) __________________________________

<table>
<thead>
<tr>
<th>1. Type of disability</th>
<th>2. Date of disability</th>
<th>3. Classification (if available)</th>
<th>4. Cause of disability (birth, disease, accident/trauma, other)</th>
<th>5. List the sports you are interested in playing</th>
</tr>
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<td></td>
<td>Yes</td>
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</table>

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.

<table>
<thead>
<tr>
<th>X-ray evaluation for atlantoaxial instability</th>
<th>Dislocated joints (more than one)</th>
<th>Easy bleeding</th>
<th>Enlarged spleen</th>
<th>Hepatitis</th>
<th>Osteopenia or osteoporosis</th>
<th>Difficulty controlling bowel</th>
<th>Difficulty controlling bladder</th>
<th>Numbness or tingling in arms or hands</th>
<th>Numbness or tingling in legs or feet</th>
<th>Weakness in arms or hands</th>
<th>Weakness in legs or feet</th>
<th>Recent change in coordination</th>
<th>Recent change in ability to walk</th>
<th>Spina bifida</th>
<th>Latex allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
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</tbody>
</table>

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 _____________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
## 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).

### MEDICAL

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appearance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperflexility, myopia, MVP, aortic insufficiency)</td>
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<td></td>
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<tr>
<td>Eyes/ears/nose/throat</td>
<td></td>
<td></td>
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<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupil reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
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<tr>
<td>Pulses</td>
<td></td>
<td></td>
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<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
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<tr>
<td>Lungs</td>
<td></td>
<td></td>
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<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
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<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
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</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>EXAMINATION</th>
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<tbody>
<tr>
<td>Neck</td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td></td>
</tr>
<tr>
<td>Hip/thigh</td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
</tr>
<tr>
<td>Leg/ankle</td>
<td></td>
</tr>
<tr>
<td>Foot/toes</td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td>Duck-walk, single leg hop</td>
</tr>
</tbody>
</table>


I have examined the above-named student and completed the preparticipation 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 of exam ______________

Address _____________________________________________  Phone ___________________________

Signature of physician, APN, PA ___________________________

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

HE0503

9-2681/0410
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 ______________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

I have examined the above-named student and completed the preparticipation 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 __________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71