

# Sports Only

Dear Parents,

There has been a change from the state of NJ regarding SPORTS physicals. Parents have 2 pages of History Forms to complete. These forms must be completed before your doctor's appointment and must be brought with you so the doctor can review them before the exam. The doctor will have 2 forms to complete. The first form is the actual physical which will remain with the doctor along with the parent History form. The 2<sup>nd</sup> form is the Physical Evaluation Medical Eligibility Form which will be returned to the school nurse. The students may not TRYOUT, PRACTICE, or PARTICIPATE in any sport until cleared by the nurses. We will review to make sure all the information is complete including doctor's signature/stamp and required information on the form.

As a reminder,

- The physical forms are valid for 365 days
- If you had a physical within 365 days and it is not time for a new one, the doctor will complete the Sports Physical forms based from their last physical
- The existing Health History Questionnaire form will continue to be required every 90 days by the parent
- You do not need a new physical or the new forms if your previous SPORTS PHYSICAL is within 365 days Your next SPORTS PHYSICAL will need to be completed on the new forms.

If you have any questions, please feel free to contact the nurses.



STATE OF NEW JERSEY

# DEPARTMENT OF EDUCATION

A Memo from the New Jersey Department of Education

Date: May 22, 2024  
To: Local Educational Agency Leads, Administrators of Approved Private Schools for Students with Disabilities, Administrators of Nonpublic Schools  
Route To: Principals, School Nurses, School Physicians, Athletic Directors, Athletic Trainers  
From: Kathy Ehling, Assistant Commissioner  
Division of Educational Services

## Updated Preparticipation Physical Evaluation

The Preparticipation Physical Evaluation (PPE), commonly referred to as the "sports physical form," has been updated. The PPE was updated jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine in 2019 and 2023. The sports physical form has been tailored to comply with New Jersey law and has been adopted by the New Jersey Department of Education (NJDOE).

There has been a change in the requirements for submission of the updated PPE. The History Form and the Physical Examination Form within the packet do not need to be submitted to the student's school. The History Form and the Physical Examination Form should be kept by the healthcare provider who completes the PPE. Only the completed Medical Eligibility Form should be submitted to the school. The Medical Eligibility Form provides space for the healthcare provider to share relevant health information with the school if necessary and includes a recommendation regarding the student's ability to participate in athletics. It is important to note that the PPE must be conducted by a licensed physician, advanced practice nurse, or physician assistant who has completed the student athlete cardiac assessment professional development module developed by the NJDOE.

Once submitted to the school, the Medical Eligibility Form should be kept in the student's health file and recorded on the A-45. Pursuant to N.J.A.C. 6A:16-2.4, 2.2(h)1iv, and 2.3(a)4iv, each school district is required to "provide to the parent written notification **signed** by the school physician stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation." Districts will develop and implement their own procedures to notify parents of their student's approval or disapproval from participating in athletics.

If a student's PPE was completed over 90 days prior to the first day of official practice in an athletic season, a Health History Update Questionnaire (often called a 90-day update form) is still required.

The updated forms and a frequently asked questions document are available on the [NJDOE Information for Student Athletes page](#).

The use of the new forms will be phased in. The previous forms will be accepted for any physical completed prior to July 1, 2024. Districts should begin the implementation process of utilizing and distributing the new forms effective immediately.

### Contact information

Questions may be directed to [healthysch@doe.nj.gov](mailto:healthysch@doe.nj.gov).

## New Jersey Department of Education 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

10. Been diagnosed with Coronavirus (COVID-19)? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes  No

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**Please Return Completed Form to the School Nurse's Office**

Parent

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N

Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots

Three shots  Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

|   | Not at all | Several days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge        | 0          | 1            | 2                  | 3                |
| Not being able to stop or control worrying  | 0          | 1            | 2                  | 3                |
| Little interest or pleasure in doing things | 0          | 1            | 2                  | 3                |
| Feeling down, depressed, or hopeless        | 0          | 1            | 2                  | 3                |

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

|  | Yes | No |
|--|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider?           |     |    |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? |     |    |
| 3. Do you have any ongoing medical issues or recent illness?                             |     |    |

HEART HEALTH QUESTIONS ABOUT YOU

|   | Yes | No |
|---|-----|----|
| 4. Have you ever passed out or nearly passed out during or after exercise?  |     |    |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?                      |     |    |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?             |     |    |
| 7. Has a doctor ever told you that you have any heart problems?   |     |    |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. |     |    |

HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

|   | Yes | No |
|---|-----|----|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise? |     |    |
| 10. Have you ever had a seizure?  |     |    |

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

|   | Unsure | Yes | No |
|---|--------|-----|----|
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?  |        |     |    |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? |        |     |    |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?  |        |     |    |

# Parent

| BONE AND JOINT QUESTIONS  |        | Yes | No |
|---|--------|-----|----|
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?        |        |     |    |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you?   |        |     |    |
| MEDICAL QUESTIONS   |        | Yes | No |
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise?  |        |     |    |
| 17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?  |        |     |    |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?  |        |     |    |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?  |        |     |    |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?   |        |     |    |
| 21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? |        |     |    |
| 22. Have you ever become ill while exercising in the heat?  |        |     |    |
| 23. Do you or does someone in your family have sickle cell trait or disease?  | Unsure |     |    |
| 24. Have you ever had or do you have any problems with your eyes or vision?   |        |     |    |

| MEDICAL QUESTIONS (CONTINUED)  |  | Yes | No     |
|--|--|-----|--------|
| 25. Do you worry about your weight?  |  |     |        |
| 26. Are you trying to or has anyone recommended that you gain or lose weight?        |  |     |        |
| 27. Are you on a special diet or do you avoid certain types of foods or food groups? |  |     |        |
| 28. Have you ever had an eating disorder?  |  |     |        |
| MENSTRUAL QUESTIONS  |  | N/A | Yes No |
| 29. Have you ever had a menstrual period?  |  |     |        |
| 30. How old were you when you had your first menstrual period?                       |  |     |        |
| 31. When was your most recent menstrual period?                                      |  |     |        |
| 32. How many periods have you had in the past 12 months?                             |  |     |        |

Explain "Yes" answers here.

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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Physician

**Preparticipation Physical Evaluation Medical Eligibility Form**

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Exam \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- Medically eligible for certain sports
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have reviewed the history form and examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings- are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Signature of physician, APN, PA \_\_\_\_\_

Office stamp (optional)

Address: \_\_\_\_\_

Name of healthcare professional (print) \_\_\_\_\_

I certify I have completed the Cardiac Assessment Professional Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider \_\_\_\_\_

**Shared Health Information**

Allergies \_\_\_\_\_

Medications:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Other information: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

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