Circle School Attending in September:

JLHS    JMHS    GOETZ    MCAULIFFE

JACKSON SCHOOL DISTRICT
ATHLETIC DEPARTMENT

PRE-PARTICIPATION
ELIGIBILITY PACKET

Please review all forms for omissions and sign where indicated.

Incomplete forms will result in a delay in eligibility.

Please bring all completed forms to the Nurse’s office of the school your child will attend in September.
A Note From Our School Physician

Please use the following checklist to complete the History portion of the Pre-Participation Physical Evaluation and to ensure you are providing us with the information that is required to clear your child to participate in sports. **Sport physical approvals will be delayed if information is missing from these forms.**

- All boxes where "yes" have been checked must have a description in the provided section. **Example:** If a cardiac related box is checked "yes" explain what the issue is, the relationship to the student, and age of onset etc.

- Cardiac History: If your child has ever had a Cardiac History (including as an infant), you must provide clearance from their cardiologist. The clearance note from the treating cardiologist must state that your child is "cleared for competitive sports and gym."

- Vision: If your child’s vision is worse than 20/40 you will need a recheck. If there is no improvement on the recheck you must follow up with an optometrist. Please note that your child should wear their prescribed glasses or contacts during the vision exam.

- Sport: Remember to indicate which sport(s) your child would like to try out for. If they would like to participate in track, please make sure you specify which season, i.e., Cross Country (Fall), Indoor Track (Winter) or Track & Field (Spring).

Please review all paperwork for omissions before submitting. Common omissions are: blood pressure, vision, height and weight, physician’s signature and/or stamp, parent/guardian’s signature, student’s signature, student’s demographic information. These omissions will delay the eligibility process.

Once completed, please submit all forms to the nurse in your child’s home school.

Sincerely,

Dr. Thomas Sargent, D.O.
COVID-19 Questionnaire

Name of Student: _________________________________________ Date: ________________

Parent/Guardian Cell: ____________________________ Sport: _______________________

COVID-19 Questions:

Has your son/daughter been diagnosed with Coronavirus (COVID-19)?

- 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

Has any member of the student-athlete’s household been diagnosed with Coronavirus (COVID-19)?  

YES  NO

Signature of Parent/Guardian: _______________________________________

To participate in workouts during the summer recess period, the parent/guardian must complete this form. This form only needs to be completed one time. This is a recommended template for the COVID-19 Questionnaire. Districts can determine the best means (electronic or paper) and platform (Survey Monkey, Microsoft Teams, Google Docs etc.) to administer the questionnaire.
Preparticipation Physical Evaluation

(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 __________________________

Name __________________________________________________________________________________

Date of Exam ___________________________________________________________________________________________________________________

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

**THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM**

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Name</th>
<th>Date of birth</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</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>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
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 ________________
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).

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>(</td>
<td>(</td>
</tr>
<tr>
<td>Pulse</td>
<td>Vision R 20/</td>
<td>L 20/ Corrected</td>
</tr>
<tr>
<td>Pupil equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils equal</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 (auscultating standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MUSCULOSKELETAL

| Neck                |        |
| Back                |        |
| Shoulder/arm        |        |
| Elbow/forearm       |        |
| Wrist/hand/fingers  |        |
| Hip/thigh          |        |
| Knee                |        |
| Leg/ankle          |        |
| Foot/toes          |        |
| Functional         |        |
| Duck-walk, single leg hop | |

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

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ________________________________

☐ Not cleared
☐ Pending further evaluation
☐ For any sports
☐ For certain sports ________________________________

Reason ________________________________

Recommendations ________________________________

I have examined the above-named student and completed the 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
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 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 ________


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In order for a student to participate in the Jackson School District Athletic Program, all parents and students must acknowledge that they have reviewed and understand various policies, procedures and required authorizations.

**These Athletic Participation Consent Forms will be available online on the Jackson School District Parent Portal after your physical is received by the athletic office.**

*(We receive your physical, and when it is entered into the system, we release the forms to you on the portal. You will see an invitation to fill out the form when you sign on to the portal.)*

Similar to the "Back to School" portal signoffs in September, these forms are filled out by signing into the Parent Portal: https://parents.jacksonsd.org
(a link is also available on all school sites).

Please be sure to fill them out as soon as they are available to you on the portal, so there is no delay in your child being able to participate in the sports program.