

Northern Burlington County Regional School District

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2020-2021 PHYSICAL PACKET

Tip Sheet for Completing Physical Packet Estimated Timeline for Processing (Approximately Three Weeks)

Please take a moment to read this tip sheet, which highlights some of the information that may potentially delay clearance for an extra-curricular physical. This information is also on the next page, including web links to help with full completion.

Physical packets should be turned in to the appropriate locations. Middle school physical packets are turned into the MS nursing office. High school physical packets are turned into the West HS nursing office. Physical packets can be emailed directly to the athletic office – moneill@nburlington.com. Please ask for confirmation when sending any important attachments via electronic communication.

1. New Jersey law requires middle school and high school students to submit the **Pre-Participation Physical Evaluation** form (365 day expiration) to the Health Office as a first step to be eligible to participate in a school activity (NJAC 6A:16-2.2).
2. Parent(s)/Guardian(s) and student(s) must complete and sign the first three pages:
 - a. Page 1: Cover Sheet – Circle one activity per season and sign. This is only valid for one activity and one season.
 - b. Page 2: Athletic Emergency Information Sheet – Advisor will keep on file in the event of an emergency
 - c. Pages 3-4: Medical History Form & Health History Update Questionnaire – Parent(s)/Guardian(s) note any health conditions/concerns. Parent(s)/Guardian(s) provide medical updates and answer COVID-19 questions.
 - d. Any “YES” answers on these forms **MUST** be explained and **MUST** be addressed in the following physical exam pages by medical professional examining the student.
3. These four pages are required for each activity, each season. A physical that is less than one year old and is on file in the Health Office **DOES NOT** need to be re-submitted for an activity the following season(s).
4. To be re-approved for another activity during the school year, complete and submit Pages 1-4. The physical on file will continue to be used for next activity.
5. A physical completed on the proper form within one year of the start date of an activity is valid.
6. Any chronic conditions, for example, asthma, life-threatening allergies, seizures, diabetes, etc., will require **additional paperwork** filled out by medical professional examining the student, and the physical may not be cleared until that paperwork has been received.
7. The Doctor/Nurse Practitioner/Physician’s Assistant must sign the physical form and the statement indicating he/she has completed the Cardiac Assessment Professional Development Module (SS-ASA Scholastic Student-Athlete Safety Act & NJSA 18A:40-41.7).
8. The Pre-Participation Physical Evaluation is **NOT** complete if the student’s 1) height, 2) weight, 3) blood pressure, 4) pulse, & 5) vision are not recorded **OR** if the medical professional has not signed/stamped in all required areas.
9. Please note, as written on Page 1, there are several websites and documents that are required to be reviewed prior to submitting a physical. Signatures indicate Parent(s)/Guardian(s) and student(s) have read/reviewed documents.

MUST BE TYPED OR COMPLETED IN PEN
SUBMIT AT LEAST THREE WEEKS PRIOR TO START OF SEASON

NORTHERN BURLINGTON ATHLETIC PHYSICAL PACKET

OPENING DATES: Please check the following websites for scheduling updates: www.burlingtoncountyscholasticleague.org, www.njsiaa.org

HIGH SCHOOL COACHES CONTACT	https://www.nburlington.com/o/nbc-hs/page/athletic-coaches--2
MIDDLE SCHOOL COACHES CONTACT	https://www.nburlington.com/o/nbc-ms/page/contact-coaches

TENTATIVE START DATES, PLEASE CONTACT COACH OR SEE WEBSITE FOR ADDITIONAL DETAILS

Sport	TURN IN PAPERWORK	Tentative First Practice
SUMMER SPORTS SEASON		
FALL SPORTS SEASON		
High School Football	30-90 DAYS PRIOR!	9/11/2020
High School Boys/Girls Soccer, Field Hockey, Girls Tennis, Boys/Girls Cross Country, Girls Volleyball, Fall Cheerleading	30-90 DAYS PRIOR!	9/14/2020 – 9/18/2020
Middle School Boys/Girls Soccer, Field Hockey, Boys/Girls Cross Country	30-90 DAYS PRIOR!	9/21/2020
WINTER SPORTS SEASON		
Boys/Girls Basketball, Wrestling, Winter Track, Winter Cheerleading, Boys/Girls Bowling, Boys/Girls Swimming	30-90 DAYS PRIOR!	12/3/2020
Middle School - Boys/Girls Basketball, Wrestling, Winter Cheerleading	30-90 DAYS PRIOR!	11/30/2020
“SPRINTER” SPORTS SEASON		
Girls Volleyball	30-90 DAYS PRIOR!	2/16/2021
SPRING SPORTS SEASON		
Baseball, Softball, Boys/Girls Track, Boys Tennis, Golf, Girls Lacrosse, Boys Lacrosse, Boys Volleyball	30-90 DAYS PRIOR!	Anticipated 3/8/21, 3/12/21 (TBD)
Middle School Baseball, Softball, Boys/Girls Track, Girls Lacrosse, Boys Lacrosse, Golf	30-90 DAYS PRIOR!	Anticipated 3/15/21 (TBD)
OTHER ACTIVITIES REQUIRING A PHYSICAL		
Athletic Trainer/Manager/Video Production Assistance	30-90 DAYS PRIOR!	Seasonal Requirement
Summer, Fall, Winter, and/or Spring Fitness	30-90 DAYS PRIOR!	Seasonal Requirement
Marching Band, Winter Guard	30-90 DAYS PRIOR!	Seasonal Requirement
Special Olympics Bowling/Track	30-90 DAYS PRIOR!	Seasonal Requirement

Description	Section	READ THIS SECTION CAREFULLY AND COMPLETE
Complete and Sign “Athletic Emergency”	Page 2 & Website	1. Circle ONE SPORT . The start of a new season requires a new packet! Managers/Student-Athletic Trainers complete Pages 1-3. 2. Out-of-State Transfers must complete - shorturl.at/nxAHJ 3. In-State Transfers must notify the Athletic Office and provide additional documentation: a. NJSIAA Transfer Procedures explained: shorturl.at/opV17 b. Mandatory NJSIAA Student-Athlete Resident Affidavit, must be submitted/notarized - shorturl.at/egES5 c. Proof of New Residence Requirements - shorturl.at/sLOS0
Complete Asthma Treatment Plan	Website	1. If YOU/YOUR PHYSICIAN have indicated ANY kind of breathing issues in ANY section, THE ASTHMA TREATMENT PLAN IS REQUIRED - shorturl.at/jmZHT 2. The physician must check off the MINORS ONLY box at the bottom of the asthma page and select one of the two options. Make sure the physician has stamped the bottom of the asthma page 3. It is recommended that physician include “Peak Flow” values if you are required to complete asthma documentation
Medical History (3) Health History Update Questionnaire (4) Pre-Participation Physical	Pages 3 - 6	1. Pages 3-4: Medical History Form and Health History Update Questionnaire, must be <u>dated and signed within 90 days</u> of the beginning of the activity your child is participating in or the packet will be returned 2. If “YES” is circled for ANY QUESTION, the doctor must address this concern in the Physical Evaluation Form or packet will be delayed by the school medical inspector. Please include dates (i.e. Broken wrist: 03/2016), Must be TYPED or in PEN 3. Athlete with Special Needs Supplemental Form – shorturl.at/cntCW 4. After 365 days, the physical will expire! Plan accordingly. 5. Food Allergy and Anaphylaxis Emergency Care Plan – shorturl.at/ajxEV 6. Vision of 20/50 or worse, corrected or uncorrected, will result in non-approval of a physical. Make every effort to ensure a passing vision screen is included in the physical. Nurses are available on a limited basis to screen. 7. Make sure doctor completes ALL SECTIONS , including height, weight, blood pressure, pulse and vision section 8. Your doctor MUST STAMP the final page and indicate the results of the scoliosis screening!
I have read and understand the following:	Website	1. Sudden Cardiac Brochure – shorturl.at/mJVW7 2. Student-Athlete, Parent-Athlete Handbook - shorturl.at/dtBKL 3. Parent-Coach Relationship Brochure - shorturl.at/FGKX3 4. Banned Drug Classes - https://www.njsiaa.org/athlete-clearance-forms 5. Concussion Management - shorturl.at/bpqwK 6. Steroid Testing and Concussion Policies - shorturl.at/qtGNX

Student Last Name (Print Clearly):	Student First Name (Print Clearly):	Date
Parent/Guardian Signature:		Date

MUST BE TYPED OR COMPLETED IN PEN
SUBMIT AT LEAST THREE WEEKS PRIOR TO START OF SEASON

NORTHERN BURLINGTON ATHLETIC PHYSICAL PACKET

ATHLETIC EMERGENCY INFORMATION

Student's Name	Last:	First:							
Student's Grade Level (Circle One)	7 th	8 th	9 th	10 th	11 th	12 th			
Student's Gender (Circle One)	Male	Female	Non-Binary	Prefer to Self-Describe	Prefer Not to Say				
Are you a transfer student from out of state, entering into 10th, 11th, or 12th grade, and new to the district this year? (Circle One)	<p align="center">Yes No</p> <p>*If you answer "YES," please come to the Northern Burlington main office with your completed transfer waiver form ASAP shorturl.at/nxAHJ</p>								
Are you a transfer student from another school in New Jersey, entering into 10th, 11th, or 12th grade, and new to the district this year? (Circle One)	<p align="center">Yes No</p> <p>*If you answer "YES," please report to the Northern Burlington Athletic Office to complete online documentation.</p>								
Do you attend an out of district school? (i.e. BCIT-Westampton, BCIT-Medford, Special Services)	<p align="center">Yes No</p> <p>If so, please state the name of the school: _____</p>								
Date and Place of Birth	Date:			Place:					
Fall Activities (Circle One) ** High School ONLY Program	Soccer	Field Hockey	Cross Country	Football **	Girls Tennis **	Girls Volleyball **	Cheerleading **	Manager Circle One Sport You Will Manage	ATSA **
Winter Activities (Circle One) ** High School ONLY Program	Basketball	Wrestling	Cheerleading	Winter Track **	Bowling **	Swimming **	Manager Circle One Sport You Will Manage	ATSA **	
Spring Activities (Circle One) ** High School ONLY Program	Baseball	Softball	Track	Lacrosse	Boys Tennis **	Golf	Boys Volleyball **	Manager Circle One Sport You Will Manage	ATSA **
Other Programs (Circle One) ** High School ONLY Program	Marching Band **	Step Team **	Winter Guard **	Summer/AM Fitness **	Fall Fitness **	Winter Fitness **	Spring Fitness **		
Home Address and Phone Number	Street: _____ City/State/Zip: _____ Home Phone Number: _____								
Father/Guardian Contact Information	Name: _____ Employment and Phone Number: _____ Cell Phone Number: _____								
Mother/Guardian Contact Information	Name: _____ Employment and Phone Number: _____ Cell Phone Number: _____								
Person designated for care when parent is unavailable	Name: _____ Phone Number/Relationship: _____								
Preferred Hospital/Urgent Care Facility	Name: _____ Contact Number: _____								
Medications currently being taken/needed									
Please list medicinal/other "non-seasonal" allergies requiring treatment									

PERMISSION TO TREAT/ENGAGE IN ATHLETICS & ELIGIBILITY STANDARDS/EQUIPMENT/MEDICAL CHANGES

I hereby grant permission for my son/daughter to participate in Northern Burlington Regional School District athletics, weight room activity and/or managerial roles within the athletic department. N.J.A.C. 6:29-6.4: Realizing that such activity involves the potential for injury, which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. 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 grant permission for the school physician and/or certified athletic trainer and/or school nurse to treat my child as necessary. I hereby give my permission that in case of an emergency, my son/daughter may be taken to the hospital for treatment. I have read the eligibility standards published by NJSIAA and the student/parent handbooks of Northern Burlington Regional School District, as well as the Northern Burlington disciplinary codes. I understand that the opportunity to participate in athletics is a privilege and that this privilege can be taken away. I understand that my son/daughter is responsible for all equipment, uniforms, and medical supplies issued and that failure to return assigned uniforms will result in a replacement cost of \$55.00 per garment and \$15 per equipment. Northern Burlington Regional School District is not responsible for any lost, damaged or stolen property. I also understand that any significant medical changes discovered during the season need to be reported immediately to the school nurse. Sign below for acknowledgement of all information:

Signature of Student:	Date:
Signature of Parent:	Date:

FOR NORTHERN BURLINGTON OFFICE USE ONLY

Signature of Nurse:	Date:				
Date of Current Physical (Expires in 365 Days)					
Month: _____ Day: _____ Year: _____	<table border="1"> <tr> <td>Age Verify</td> <td>Date of Entry</td> <td>9th Grade Enroll</td> <td>Credits</td> </tr> </table>	Age Verify	Date of Entry	9 th Grade Enroll	Credits
Age Verify	Date of Entry	9 th Grade Enroll	Credits		
Nurse/Coach Additional Information:					

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NORTHERN BURLINGTON ATHLETIC PHYSICAL PACKET

■ PREPARTICIPATION PHYSICAL EVALUATION MEDICAL 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.)

**PAGE 3 MUST BE COMPLETED
EVERY SEASON
SUMMER, FALL, WINTER, SPRING**

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.			
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens	<input type="checkbox"/> Food	<input type="checkbox"/> Stinging Insects

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: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> 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: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> 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 any 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 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	Yes	No
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?		

ALL "YES" answers MUST be explained here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student: _____

Date: _____

Signature of Parent: _____

Date: _____

*****Date of signatures MUST be
within 90 DAYS of the start of the activity
or your packet will be VOID!*****



MUST BE TYPED OR COMPLETED IN PEN
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 NORTHERN BURLINGTON ATHLETIC PHYSICAL PACKET

PRINT LAST NAME

New Jersey Department of Education - Health History Update Questionnaire

*****Date of signatures on this page MUST BE within 90 DAYS of the start of the activity or your packet will be VOID!*****

Name of School – Northern Burlington County Regional School District

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 (Last Name/First Name): _____ Age: _____ Grade: _____

Date of Last Physical Exam (DD/MM/20YY): _____ Activity: _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? (Circle One) - Yes No

If yes, describe in detail.

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? (Circle One) - Yes No

If yes, describe in detail.

3. Broken a bone or sprained/strained/dislocated any muscle or joints? (Circle One) - Yes No

If yes, describe in detail.

4. Fainted or "blacked out?" (Circle One) - Yes No

If yes, was this during or immediately after exercise? Describe in detail.

5. Experienced chest pains, shortness of breath or "racing heart?" (Circle One) - Yes No

If yes, describe in detail.

6. Has there been a recent history of fatigue or unusual tiredness? (Circle One) - Yes No

7. Been hospitalized or had to go to the emergency room? (Circle One) - Yes No

If yes, describe 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?" (Circle One) - Yes No

9. Started or stopped taking any over-the-counter or prescribed medications? (Circle One) - Yes No

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

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

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

11. Has any member of the student's household been diagnosed with Coronavirus (COVID-19)? (Circle One) - Yes No

Parent/Guardian Signature:

Date

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NORTHERN BURLINGTON ATHLETIC PHYSICAL PACKET

PRINT LAST NAME

■ 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).

ATTENTION!
PHYSICAL IS VOID IF
HEIGHT, WEIGHT, BP,
PULSE AND/OR VISION
HAVE NOT BEEN COMPLETED
BY THE PHYSICIAN!

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph nodes			
Heart <ul style="list-style-type: none"> • Murmurs (auscultation standing supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 			

a) Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

b) Consider GU if in private setting. Having third party is recommended.

c) 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 contraindication 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 _____

Address _____ Phone _____

Signature of physician, APN, PA _____

***** DON'T FORGET!****HEIGHT/WEIGHT/BLOOD PRESSURE/PULSE/VISION - MUST BE COMPLETED! *****

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 NORTHERN BURLINGTON ATHLETIC PHYSICAL PACKET

PRINT LAST NAME

■ 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 _____

DO NOT LEAVE ANY SECTIONS ON
 PAGES 3-5 BLANK! THE DOCTOR MUST
 INDICATE THEY HAVE SEEN EACH
 SECTION BY FILLING IN
 INFORMATION, WRITING "N/A,"
 INITIALING, ETC.

EMERGENCY INFORMATION

Allergies _____

Other information _____

DOCTOR OFFICE
 STAMP **REQUIRED!**

HDC OFFICE STAMP - REQUIRED**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 contraindication 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 _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

DOCTOR OFFICE MUST WRITE DATE OF PHYSICAL

DATE OF EXAM

Northern Burlington County Regional School District

160 Mansfield Road East
 Columbus, New Jersey 08022-9742
 Telephone: 609-298-3900 Fax: 609-298-8563
 District Webpage: www.nburlington.com

Dr. Sally Lopez
 High School Principal
 (609) 298-3900 x 2046

Dr. Daniel Uszaki
 Director of Athletics, Assistant Principal
 (609) 298-3900 x 2094



Dr. Andrew Kearns
 Middle School Principal
 (609) 298-3900 x 4001

www.nburlington.com

PAGE 7 SIGN-OFF – ANNUAL REQUIREMENT

In accordance with *N.J.S.A. 18A:40-41.10*, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this [Opioid Use and Misuse Educational Fact Sheet](#) to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs. Additionally, we have viewed the NJ CARES educational video, [Athletes vs. Opioids](#), on the risks of opioid use for high school athletes. We understand the NJSIAA policy that requires students, and their parents(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgement.

Student Signature	Date
Parent/Guardian Signature:	Date

Public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this [Sudden Cardiac Death in Young Athletes Brochure](#) to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes Brochure.

Student Signature	Date
Parent/Guardian Signature:	Date

Public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this [Sports Related Concussion and Head Injury Fact Sheet](#) to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

I/We acknowledge that we received and reviewed the Sports Related Concussion and Head Injury Fact Sheet.

Student Signature	Date
Parent/Guardian Signature:	Date

Documents and resources can be found at <https://www.state.nj.us/education/students/safety/behavior/athleteforms/>, in addition to the Athletic/Nursing pages of www.nburlington.com.