Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam ___________________________ Date of birth ___________________________

Name ___________________________ ___________________________ ___________________________

Sex  _______  Age  ___________  Grade  ___________________________  School  ___________________________

Sport(s)  __________________________________

Meditations and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

1. Has a doctor ever denied or restricted your participation in sports for any reason?
☐ Yes  ☐ No

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?
☐ Yes  ☐ No

4. Have you ever had surgery?
☐ Yes  ☐ No

5. Have you ever passed out or nearly passed out during or after exercising?
☐ Yes  ☐ No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
☐ Yes  ☐ No

7. Does your heart ever race or skip beats (irregular beats) during exercise?
☐ Yes  ☐ No

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)
☐ Yes  ☐ No

10. Do you get lightheaded or feel more short of breath than expected during exercise?
☐ Yes  ☐ No

11. Have you ever had an unexplained seizure?
☐ Yes  ☐ No

12. Do you get more tired or short of breath more quickly than your friends during exercise?
☐ 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)?
☐ Yes  ☐ No

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?
☐ Yes  ☐ No

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
☐ Yes  ☐ No

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?
☐ 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?
☐ Yes  ☐ No

18. Have you ever had any broken or fractured bones or dislocated joints?
☐ Yes  ☐ No

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
☐ Yes  ☐ No

20. Have you ever had a stress fracture?
☐ Yes  ☐ No

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)
☐ Yes  ☐ No

22. Do you regularly use a brace, orthotics, or other assistive device?
☐ Yes  ☐ No

23. Do you have a bone, muscle, or joint injury that bothers you?
☐ Yes  ☐ No

24. Do any of your joints become painful, swollen, feel warm, or look red?
☐ Yes  ☐ No

25. Do you have any history of juvenile arthritis or connective tissue disease?
☐ Yes  ☐ No

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

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

Date of Exam ____________________________________________ Date of birth __________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sex _______**

**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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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>Atlantoaxial instability</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</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 ________________
Do you feel stressed out or under a lot of pressure?
Do you drink alcohol or use any other drugs?
Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
Do you wear a seat belt, use a helmet, and use condoms?
During the past 30 days, did you use chewing tobacco, snuff, or dip?
Do you ever feel sad, hopeless, depressed, or anxious?
Do you feel safe at your home or residence?
Have you ever taken any supplements to help you gain or lose weight or improve your performance?
Have you ever taken anabolic steroids or used any other performance supplement?
Do you wear a seat belt, use a helmet, and use condoms?

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?
   * Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   * Do you drink alcohol or use any other drugs?
   * During the past 30 days, did you use chewing tobacco, snuff, or dip?
   * Do you wear a seat belt, use a helmet, and use condoms?
   * Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   * Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   * Have you ever taken anabolic steroids or used any other performance supplement?
   * Do you ever feel sad, hopeless, depressed, or anxious?
   * Do you feel safe at your home or residence?

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

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 ________________
Address ___________________________________________ Phone _________________________
Signature of physician, APN, PA ____________________________________________________________
Preparticipation Physical Evaluation
CLEARANCE FORM

Name ____________________________ Sex □ M □ F Age ______________ Date of birth ______________

☐ Cleared for all sports without restriction

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

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports

Reason ____________________________

Recommendations ____________________________

_________________________ ____________________________
Date Signature

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
Sudden Cardiac Death Pamphlet

Sign-Off Sheet

Name of School District: ____________________________________________________________

Name of Local School: ___________________________________________________________

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

Student Signature: ______________________________________________________________

Parent or Guardian
Signature: __________________________________________________________________________

Date: ______________________________
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-ROO-lay-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-tro-fic CAR-dee-oh-my-OP-a-thee) also called HCM; HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).
Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.
- Other diseases of the heart that can lead to unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Annual Athletic Pre-Participation Physical Examination Form.

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete’s primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Effective September 1, 2014, the New Jersey Department of Education requires that all public and nonpublic schools grades K through 12 shall:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED);
- Have adequate personnel who are trained in AED use present at practices and games;
- Have coaches and athletic trainers trained in basic life support techniques (CPR); and
- Call 911 immediately while someone is retrieving the AED.