2019-2020 PHYSICAL PACKET

Tip Sheet for Completing Sports Physical Packet

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

Physical packets should be turned in to the appropriate locations. Middle school physical packets are turned into the nursing office, while high school physical packets are turned into the athletic office. Please note that due to construction in the East Main Office, the athletic office may be relocated during certain seasons of the 2019-2020 school year.

1. New Jersey law requires Middle & High School students to submit the Pre-Participation Physical Evaluation form (Expires 365 Days from date of completion) to the School Health Office as the first step to be eligible to practice or play a school sport. (NJAC 6A:16-2.2).

2. Parent/Guardian & student must complete & sign first 3 pages:
   a. Cover page – Circle one sport per season & sign -Only valid for 1 sport & 1 season
   b. Athletic Emergency Information sheet – which coach will keep on file in case of emergency
   c. Medical History form – parent/guardian notes any health conditions/concerns.
   d. Any “YES” answers on medical history form must be explained by parent and MUST be addressed in the following physical exam pages by medical professional examining student athlete.

3. These 3 pages are required for each sport, each season. A physical that is less than one-year-old & is on file in the Health office does not need to be resubmitted for a sport the next season.

4. To be re-approved for another sport during school year, complete & hand in pages 1-3 only & physical on file will be used for next sport.

5. A physical done on the proper form that is within one year of the date of the start of the sport your student wishes to play is valid.

6. Any chronic conditions, for example, asthma, life-threatening allergies, seizures, diabetes, etc., will need additional paperwork filled out by medical professional examining student-athlete, and physical may not be cleared until that paperwork is received.

7. The Doctor/Nurse Practitioner/Physician’s Assistant must sign 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 athlete’s Height, Weight, Blood Pressure, Pulse, & Vision are not filled in OR if the medical professional has not signed and stamped in all required places.

9. Please note as written on Page 1, there are several websites & documents that are required to be reviewed prior to submitting Sports Physical & signature indicates parent/guardian/student have read documents.
### Northern Burlington Athletic Physical Packet

**Opening Dates:** Please check the following websites for scheduling updates: [www.burlingtoncountyscholasticleague.org](http://www.burlingtoncountyscholasticleague.org), [www.njsiaa.org](http://www.njsiaa.org)

**High School Coaches Contact:** [http://hs.nburlington.com/hs/athletics/contact.jsp](http://hs.nburlington.com/hs/athletics/contact.jsp)

**Middle School Coaches Contact:** [http://ms.nburlington.com/ms/athletics/contact.jsp](http://ms.nburlington.com/ms/athletics/contact.jsp)

**Tentative Start Dates, Please Contact Coach or See Website for Additional Details**

<table>
<thead>
<tr>
<th>Sport</th>
<th>TURN IN PAPERWORK</th>
<th>Tentative First Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summer Sports Season</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Summer Workouts - Physical Required</td>
<td>30-90 days prior!</td>
<td>10th, 11th, 12th - 6/9/19,Incoming 9th Students - 6/24/19</td>
</tr>
<tr>
<td>High School Football</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Boys/Girls Soccer, Field Hockey, Girls Tennis,Boys/Girls Cross Country, Girls Volleyball, Fall Cheerleading</td>
<td>30-90 days prior!</td>
<td>8/12/19, 8/17/19</td>
</tr>
<tr>
<td>Middle School Boys/Girls Soccer, Field Hockey, Boys/Girls Cross Country</td>
<td>30-90 days prior!</td>
<td>9/11/19</td>
</tr>
<tr>
<td><strong>Fall Sports Season</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys/Girls Basketball, Wrestling</td>
<td>30-90 days prior!</td>
<td>11/25/19</td>
</tr>
<tr>
<td>Boys/Girls Winter Track, Winter Cheerleading</td>
<td>30-90 days prior!</td>
<td>12/2/19</td>
</tr>
<tr>
<td>Boys/Girls Bowling, Boys/Girls Swimming</td>
<td>30-90 days prior!</td>
<td>11/18/19</td>
</tr>
<tr>
<td>Middle School - Boys/Girls Basketball, Wrestling, Winter Cheerleading</td>
<td>30-90 days prior!</td>
<td>11/19/19, 11/25/19</td>
</tr>
<tr>
<td><strong>Spring Sports Season</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseball, Softball, Boys/Girls Track, Boys Tennis, Golf, Girls Lacrosse, Boys Lacrosse, Boys Volleyball</td>
<td>30-90 days prior!</td>
<td>3/6/20</td>
</tr>
<tr>
<td>Middle School Baseball, Softball, Boys/Girls Track, Girls Lacrosse, Boys Lacrosse, Golf</td>
<td>30-90 days prior!</td>
<td>3/16/20</td>
</tr>
<tr>
<td><strong>Other Activities Requiring a Physical</strong></td>
<td></td>
<td></td>
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<tr>
<td>Athletic Trainer/Manager/Video Production Assistance</td>
<td>30-90 days prior!</td>
<td>Seasonal Requirement</td>
</tr>
<tr>
<td>Summer, Fall, Winter, and/or Spring Fitness</td>
<td>30-90 days prior!</td>
<td>Seasonal Requirement</td>
</tr>
<tr>
<td>Marching Band, Winter Guard, Step Team</td>
<td>30-90 days prior!</td>
<td>Seasonal Requirement</td>
</tr>
<tr>
<td>Special Olympics Bowling/Track</td>
<td>30-90 days prior!</td>
<td>Seasonal Requirement</td>
</tr>
</tbody>
</table>

**Description**

- **Complete and Sign “Athletic Emergency”**
  - Page 2 & Website

**Section**

- **Complete Asthma Treatment Plan**
  - Website

**Read This Section Carefully and Complete**

1. Circle **ONE SPORT**. The start of a new season requires a new packet! Managers/Student-Athletic Trainers complete Pages 1-3.
3. NJ State Transfers must report to the East Main Office
4. Banned Drug Classes
5. Student
6. Sudden Cardiac Brochure
7. NJ State Transfers must report to the East Main Office
8. You must complete the following:

**Athletic Physical and Health History Update**

- Page 3-6

**Website**

1. [Sudden Cardiac Brochure](http://hs.nburlington.com/hs/athletics/Sudden%20Cardiac%20Death%20in%20Young%20Adults.pdf)
2. [Student-Athlete, Parent Handbook](http://hs.nburlington.com/hs/athletics/Student_Athlete_Parent_Handbook.pdf)
5. Concussion Management

**I have read and understand the following:**

- Website

**Student Last Name (Print Clearly):**

**Student First Name (Print Clearly):**

**Date:**

**Parent/Guardian Signature:**

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

ATHLETIC EMERGENCY INFORMATION

Student’s Name

Student’s Grade Level (Circle One)
7th 8th 9th 10th 11th 12th

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)
Yes No

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)
Yes No

Do you attend an out of district school? (i.e. BCIT-Westampton, BCIT-Medford, Special Services)
Yes No

Date and Place of Birth

Fall Sports (Circle One)
** High School ONLY Program
Soccer Field Hockey Cross Country Football Girls Tennis Girls Volleyball Cheerleading Manager

Winter Sports (Circle One)
** High School ONLY Program
Basketball Wrestling Cheerleading Winter Track Bowling Swimming Manager

Spring Sports (Circle One)
** High School ONLY Program
Baseball Softball Track Lacrosse Boys Tennis Golf Boys Volleyball Manager

Other Programs (Circle One)
** High School ONLY Program
Marching Band Step Team Winter Guard Summer/AM 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 course of 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:

Nurse/Coach Additional Information:

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HHS013
New Jersey Department of Education 2014, Pursuant to P.L. 2013, C71

Received Office Stamp: 0-26410410

PRINT LAST NAME
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL QUESTIONS</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
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<tr>
<td>2. Do you have any ongoing medical conditions?</td>
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<tr>
<td>3. Do you regularly use a brace, orthotics, or other assistive device?</td>
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<tr>
<td>4. Have you ever received the rubella or mumps vaccine?</td>
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<td>5. Have you ever had surgery?</td>
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<td>6. Have you ever taken any medication or dietary supplement</td>
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<tr>
<td>7. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
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<tr>
<td><strong>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</strong></td>
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<tr>
<td>8. Does anyone in your family have a heart problem?</td>
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<tr>
<td>9. Do you have a heart condition?</td>
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<tr>
<td>10. Do you have a history of migraines?</td>
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<tr>
<td>11. Do you have any conditions that could affect your heart rate?</td>
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<tr>
<td><strong>BONE AND JOINT QUESTIONS</strong></td>
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<tr>
<td>12. Have you ever been told that you have any unexplained brain injury or concussion?</td>
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<td></td>
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<tr>
<td>13. Has anyone in your family been diagnosed with any unexplained brain injury or concussion?</td>
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<tr>
<td>14. Have you ever been told that you have brain damage?</td>
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<tr>
<td>15. Have you ever been told that you have brain damage in the past?</td>
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<tr>
<td><strong>HEALTH HISTORY QUESTIONS</strong></td>
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<tr>
<td>16. Have you ever been told that you have any unexplained skin condition?</td>
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<td>17. Have you ever been told that you have any unexplained vision loss?</td>
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<tr>
<td>18. Have you ever been told that you have any unexplained motor problems?</td>
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<tr>
<td><strong>MEDICAL CONDITIONS</strong></td>
<td></td>
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<tr>
<td>19. Have you ever been told that you have any unexplained gastrointestinal problems?</td>
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<tr>
<td>20. Have you ever been told that you have any unexplained kidney problem?</td>
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<tr>
<td>21. Have you ever been told that you have any unexplained lung problem?</td>
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<td></td>
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<tr>
<td>22. Have you ever been told that you have any unexplained liver problem?</td>
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<tr>
<td><strong>ALL “YES” answers MUST be explained here</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Signature of Student:</strong></td>
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<td></td>
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<tr>
<td><strong>Signature of Parent:</strong></td>
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</tr>
</tbody>
</table>
Preparticipation Physical Evaluation

Physical Examination Form

Name ____________________________ Date of birth ____________________________

Physician Reminders

1. Consider additional questions on more sensitive issues
   a) Do you feel stressed out or under a lot of pressure?
   b) Do you ever feel sad, hopeless, depressed, or anxious?
   c) Do you feel safe at your home or residence?
   d) Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   e) During the past 30 days, did you use chewing tobacco, snuff, or dip?
   f) Do you drink alcohol or use any other drugs?
   g) Have you ever taken anabolic steroids or used any other performance supplement?
   h) Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   i) Do you wear a seat belt, use a helmet, and use condoms?

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

Examination

<table>
<thead>
<tr>
<th>Segment</th>
<th>Female</th>
<th>Male</th>
<th>L 20/</th>
<th>Y 20/</th>
<th>Corrected</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td>Weight</td>
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<td>Pulse</td>
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<tr>
<td>Vision</td>
<td></td>
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<tr>
<td>Vision R 20/ L 20/</td>
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</tr>
</tbody>
</table>

Medical

- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

- Pupils equal
- Hearing

Lungs

- Abdomen

Genitourinary (males only)

- Skin
  - 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

- Duck-walk, single leg hop

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/BP/PULSE/VISION - MUST BE COMPLETED! ***
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 _____________________________________________________________________________________________

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
Use and Misuse of Opioid Drugs Fact Sheet
Student-Athlete and Parent/Guardian Sign-Off

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.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete’s or cheerleader’s first official practice of the school year.

Name of School: Northern Burlington County Regional School District

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student’s Name
(Please PRINT): _____________________________________________________________________

Student’s Signature: ___________________________________________________________________

Parent/Guardian Signature
(also needed if student is under age 18): ___________________________________________________________________

Date: ___________________________________________________________________

1Does not include athletic clubs or intramural events.