

CHECKLIST TO HELP AVOID COMMON PROBLEMS RE: THE SPORTS PHYSICAL FORM

Parent/Guardian, please use this provided checklist to ensure all requirements have been met in order to avoid your child's sport form from being rejected and returned to you. **NOTE:** Sports physicals **must be submitted by the school's deadline dates, as failure to do so may jeopardize your child being cleared in time to participate.** By law, the school physician must also review and approve your child's sports form **prior** to participation and the school clearance process requires approximately 3-4 weeks.

1. Before making your medical appointment for the sports physical:

- ☐ Check that your medical provider is authorized to complete the "PreParticipation Physical Evaluation" NJ state-mandated sport form. By law, only licensed physicians, advanced practice nurses, or physician assistants who have completed a special training called "**the Student-Athlete Cardiac Assessment Professional Development Module**" may complete this form.

2. Ensure Requirements met:

- ☐ Sports physicals **must be submitted by the school's deadline dates.**
- ☐ The "date" of your child's physical *examination* **must be valid** (completed within 365 days) **on the first day of your child's selected sports tryouts/first activity date.** Note the date is based on the examination date, not the date the form was completed.

3. Completing the Sport Physical form, "[PREPARTICIPATION PHYSICAL EVALUATION FORM](#)"

- ☐ Every page has your child's name on top.
- ☐ **Page 1- Health History:**
 - ☐ All boxes must be checked off.
 - ☐ Any "Yes" answers must be explained in detail with relevant dates involved included. Record this at the bottom right corner as indicated.
 - ☐ Parents/guardians must sign and date on the bottom.
- ☐ **Page 2- The Athlete with Special Needs**
Only complete if your child has a disability/ special need.
- ☐ **Page 3 - Physical Examination Form.**
BEFORE leaving your doctor's office make sure all areas are completed especially:
 - ☐ Vision **test results numbers** (i.e. 20/20) **must be documented.** If noted as "normal" or left blank, the form will be rejected and returned to you. Alternatively, you may attach a note from your eye doctor with vision test result numbers but **NOT** eyeglass *prescription numbers* (i.e. -1.25.) If a student's vision does not pass the required 20/40, an additional note from an eye doctor will be required with recommendations and approval.
 - ☐ **Your medical provider must sign the bottom and indicate the date of the exam.**
- ☐ **Page 4- Clearance Form.**
BEFORE leaving your doctor's office check that he/she:
 - ☐ Checked off a clearance box
 - ☐ **VERY IMPORTANT.** The **date** on the bottom right corner of page 4, should **not** be the same date your medical provider is signing the form. **Rather, your provider must write-in here the date he/she completed the NJ Dept of Education's special training called the "Cardiac Assessment Professional Development Module."**

4. Additional Requirements for students with Special medical needs

- ☐ [Asthma Treatment plan](#) - required Per NJ Law for students with asthma
- ☐ Students with [asthma, life-threatening allergies, or diabetes](#) **must** have an emergency treatment plan and their rescue medications (i.e. inhaler, auto-injector epinephrine, antihistamine, glucose source, glucagon) **in their possession or in the team kit for all practices/competitions.**

5. For every Sports season: a [Health History Update Questionnaire](#) during open registration period is required.