

Union Catholic

HIGH SCHOOL

Dear Parents/Guardians,

Listed below are the requirements for your child to compete on a Union Catholic athletic team for each sports season:

1. **Pre-participation Physical Evaluation (PPE):**
 - a. A Physical Examination to be completed by the examining physician. All physical forms ***must be signed; stamped forms will not be accepted.*** A present physical expires one year from the date of the last active physical and then a new physical is required for athletic participation.
 - b. A Clearance form to be completed by the examining physician. All clearance forms must be signed and include the HCP Office Stamp.
 - c. A History Form is to be completed and signed by the parent or guardian.
 - d. A Supplemental History Form for students with special needs must be completed and signed by the parent or guardian.

2. **Health History Update Questionnaire:**

The parent or guardian of each student/athlete must complete and sign an updated health history questionnaire ***for each sport season.***

3. **Acknowledgement/Consent checklist form:**

The included information on Sudden Cardiac Death In Young Athletes, the NJSIAA Steroid policy and the Sports Related Concussion and Head Injury must be reviewed and signed by both parents/guardians and student/athletes.:

4. **Interscholastic Athletics Permission Form:**

The parent/guardian must read and sign the permission form giving your child permission to compete in athletics at Union Catholic. A permission form is required for each sport your child will compete in.

All forms and fees must be completed and submitted one week prior to the first day of try-outs.

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner, nurse, or physician assistant, and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

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

EXAMINATION		Male	Female
Height	Weight		
BP	Pulse	Vision R 20'	L 20'
		Corrected	Y N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hypertaxity, 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 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 *Consider GU 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 _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____