# 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 copy of this form in the chart.)*

**Date of Exam** __________________________  **Date of birth** __________________________

**Name** __________________________________________________________________________________

**Sex**  _______  **Age**  __________  **Grade**  _____________  **School**  ____________________________  **Sport(s)**  __________________________________

**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.**

## GENERAL QUESTIONS

| 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? |  |  |
| 4. Have you ever had surgery? |  |  |

## HEART HEALTH QUESTIONS ABOUT YOU

| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | Yes | No |
| 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: High blood pressure □ A heart murmur High cholesterol □ A heart infection Kawasaki disease |  |  |
| 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

| 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? |  |  |
| 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

| 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? |  |  |
| 19. Have you ever had an 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? |  |  |

**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** _____________________

**Preparticipation Physical Evaluation**

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

Date of Exam ___________________________________________________________________________________________________________________

Name _______________________________________________________________________________________________________________________

Sex _______ Age ___________ Grade ___________ School _____________________________ Sport(s) __________________________________

<table>
<thead>
<tr>
<th>1. Type of disability</th>
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<tbody>
<tr>
<td>2. Date of disability</td>
<td></td>
</tr>
<tr>
<td>3. Classification (if available)</td>
<td></td>
</tr>
<tr>
<td>4. Cause of disability (birth, disease, accident/trauma, other)</td>
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<tr>
<td>5. List the sports you are interested in playing</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Do you regularly use a brace, assistive device, or prosthetic?</td>
<td></td>
</tr>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
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<tr>
<td>8. Do you have any rashes, pressure sores, or any other skin problems?</td>
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<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
<td></td>
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<tr>
<td>10. Do you have a visual impairment?</td>
<td></td>
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<tr>
<td>11. Do you use any special devices for bowel or bladder function?</td>
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<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
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<tr>
<td>13. Have you had autonomic dysreflexia?</td>
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<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
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<tr>
<td>15. Do you have muscle spasticity?</td>
<td></td>
</tr>
<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
<td></td>
</tr>
</tbody>
</table>

Explain “yes” answers here

Please indicate if you have ever had any of the following.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<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>
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<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
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<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
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<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>
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<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>
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</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 _____________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
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) ___________________________ Date of exam ___________________________

Address ___________________________ Phone ___________________________

Signature of physician, APN, PA ___________________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
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 __________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

HCP OFFICE STAMP

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 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 ___________________________ Date _________________

Completed Cardiac Assessment Professional Development Module

Date _________________ Signature ___________________________
HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School __________________________________________________________________________________

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 _________________________________________________________________ Age______ Grade ________

Date of Last Physical Examination_________________________________ Sport______________________________

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

1. Been medically advised not to participate in a sport? Yes____ No____
   If yes, describe in detail__________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes___ No____
   If yes, explain in detail___________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes____ No____
   If yes, describe in detail__________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________

4. Fainted or “blacked out?” Yes____ No____
   If yes, was this during or immediately after exercise?___________________________________________________
                                                                                                 ______________________________________________________________________________________________

5. Experienced chest pains, shortness of breath or “racing heart?” Yes____ No____
   If yes, explain__________________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________

6. Has there been a recent history of fatigue and unusual tiredness? Yes____ No____

7. Been hospitalized or had to go to the emergency room? Yes____ No____
   If yes, explain 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?” Yes____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes____ No____
   If yes, name of medication(s)______________________________________________________________________
                                                                                                 ______________________________________________________________________________________________
                                                                                                 ______________________________________________________________________________________________

Date:________________________________________ Signature of parent/guardian ___________________________

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE’S OFFICE
Student Athlete:__________________________________________________________
Date of Birth:______________________ Grade:______________________
Address:_____________________________________________________________
City:_______________________________ State:_____ Zip Code:___________________
Home Phone:____________________________________

Mother’s Name:______________________ Cell Phone:_________________________
Place of Business:___________________________ Work Phone:___________________________

Father’s Name:______________________ Cell Phone:_________________________
Place of Business:___________________________ Work Phone:___________________________

When Trenton Catholic Academy is unable to contact Parent/Guardian(s) in the event of an emergency or illness, it is necessary that we have additional personnel whom you authorize us to contact. These personnel should be able to pick up a sick or injured child if you cannot be reached to do so. If both Emergency Contacts are unable to be reached the Primary Care Physician will be notified.

Emergency Contact #1:__________________________________________________
Relation to Student Athlete:______________________________________________
Home Phone:__________________________________________
Cell Phone:___________________________________________

Emergency Contact #2:__________________________________________________
Relation to Student Athlete:______________________________________________
Home Phone:__________________________________________
Cell Phone:___________________________________________

Primary Care Physician:__________________________________________ Phone:________________________
Address:_________________________________________________________________________

In the event of an Emergency please take my child to ______________________________Hospital.

Please list below the following information:
Medical Conditions:________________________________________________________________
Allergies:_________________________________________________________________________
Daily Medications:_________________________________________________________________

In the event that my child becomes injured or ill, I authorize the School’s Athletic Trainer or Coach to contact me, AND I give my consent for my child to receive the appropriate medical care.

Parent/Guardian Signature:___________________________________ Date:___________________

*** NOTE: It is the responsibility of the parent/guardian to keep the information above current. Contact the Athletic Department office immediately should any information change.
UNIFIED CONSENT & SPORTS PERMISSION FORM
REQUIRED BY STATE & NJSIAA CHECK LIST

Student Name: ______________________________________
Student ID#:______________________________       Grade: _____________________

I hereby give my consent for the above mentioned student to participate in Pre-season, Practices, Scrimmages, Games, Events and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature at the bottom of this paper. (Write sport/activity name in below)

Fall Sports       Winter Sports                       Spring Sports

By signing and submitting this UNIFIED CONSENT & SPORTS PERMISSION FORM, I indicate that I have read, understand, and consent to the following. Please use the boxes below as a guide to check off requirements as a check list.

- Pre-Participation Physical Evaluation Form: Signed & Completed by examining Physician, APN, or, PA
- TCA Emergency Contact Form: Can also be found on TCA’s website
- Health History Update Questionnaire: 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.
- Unified Consent and Sport Participation Permission Form (This Form)
- Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form
- Sudden Cardiac Death Pamphlet Sign-Off Sheet
- NJSIAA Steroid Testing and Banned Substances Consent Form

I also acknowledge, understand, and consent to the following:

- TCA Athletic Department Handbook & Code of Conduct
- NJSIAA Information & NJSIAA Rules and Regulations
- ImPACT Concussion Testing (Performed by the Athletic Trainer)
- Sudden Cardiac Arrest Brochure
- Emergency Action Plan and Athletic Training Room Policy
- Media & Videotaping Consent for Student Athletes (Covered by this form)

By signing and submitting this UNIFIED CONSENT FORM & SPORTS PERMISSION FORM, I hereby grant permission for the release of videotapes, audio recordings, and photographs that could identify my child by name, to the school district and the media for the use in various media outlets including but not limited to news stories, websites, and social media outlets, as it pertains to my child and the Athletic Department. I also grant permission for my child to be interviewed by the school district and the media as it pertains to High School Athletics.

I understand that my child will not be permitted to participate unless all required documents and the “UNIFIED CONSENT FORM” are signed and submitted before the start of the sport season.

Parent/Guardian Name (Print):_______________________________________________________________
Parent/Guardian Signature: _________________________________________ Date: ___________________
Student Athlete Signature: _________________________________________
A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

**Quick Facts**
- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion

**Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)**
- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

**Symptoms of Concussion (Reported by Student-Athlete)**
- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion
What Should a Student-Athlete do if they think they have a concussion?

- **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- [www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)
- [www.nfhs.com](http://www.nfhs.com)
- [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- [www.bianj.org](http://www.bianj.org)
- [www.alsnj.org](http://www.alsnj.org)

_________________________   ____________________________    __________
Signature of Student-Athlete  Print Student-Athlete’s Name  Date

_________________________   ____________________________    __________
Signature of Parent/Guardian  Print Parent/Guardian’s Name  Date
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

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.

Are there warning signs to watch for?
In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs include:
- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath.

What are the current recommendations for screening young athletes?
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.

Why 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.
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: ___________________________________________________________________________
2017-18 NJSIAA Banned Drugs

IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.

Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

- Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT THE STUDENT’S OWN RISK.
Some Examples of NJSIAA Banned Substances in Each Drug Class
Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

Stimulants
Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexaneamine, “bath salts” (mephedrone); Octopamine; DMBA; etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)
Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

Alcohol and Beta Blockers
Alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents
Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triamterene; trichlormethiazide; etc.

Street Drugs
Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues
Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens
Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

Beta-2 Agonists
Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE.
NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA’s sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student’s parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student’s team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

__________________________
Signature of Student-Athlete

__________________________
Signature of Parent/Guardian

__________________________
Date

__________________________
Date

__________________________
Date

__________________________
Date

__________________________
Date

May 1, 2010
Preamble
Interscholastic and youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sporting events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a Trenton Catholic sporting event. I will conduct myself in accordance with the following code of conduct:
1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not use drugs or alcohol while attending a Parish School sporting event.
6. I will not engage in the use of profanity.
7. I will not encourage my child, or any other person, to engage in the use of profanity.
8. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
9. I will encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
11. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
12. I will not initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
13. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.

I hereby agree that if I fail to abide by this Code of Conduct I will be subject to disciplinary action, including but not limited to, the following in any order or combination:
1. Verbal warning issued by a league, organization or school official.
2. Written warning issued by a league, organization or school official.
3. Suspension or immediate ejection from School sporting event issued by a league, organization or school official who is authorized to issue such suspension or ejection.
4. Suspension from multiple School sporting events issued by a league, organization or school official who is authorized to issue such suspension.
5. Season suspension or multiple season suspension issued by a league or school official.

Name ___________________________ Signature ___________________________ Date ___________________________

Parent Name ___________________________ Signature ___________________________ Date ___________________________

Expect the Exceptional
Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear. Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child’s sport, visit the National Eye Institute at http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013. Prevent Blindness America also offers tips for choosing and buying protective eyewear at http://www.preventblindness.org/tips-buying-sports-eye-protectors, and http://www.preventblindness.org/recommended-sports-eye-protectors.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

**Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

**Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

**Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.4

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;
- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child’s teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician’s note detailing the nature of the eye injury, any diagnosis, medical orders for the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.


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