



## **ST. CATHERINE OF SIENA SCHOOL**

*Middle States Accredited*

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[www.scs-school-cedargrovenj.org](http://www.scs-school-cedargrovenj.org)

TO: Parents of NEW and CURRENT Students **Grades 6-8**

### **PLAYING SPORTS**

FROM: Mrs. Bethanie Sundlin, RN, BSN

RE: Pre-participation physicals



Students in Grades 6-8 who participate in school sponsored sports activities, are now required to have yearly physical exams prior to the start of the sports season.

1. Health History Questionnaire – to be completed by parent/guardian
2. Physical Examination Form – to be completed by physician (must be signed and dated)

Regulation: Pursuant to N.M.A.C. 6A:16-2.2

3. Download & sign Educational Forms (Opioid, Cardiac, Eye Injury & Concussion).

The N.J. State Board of Education requires that prior to participation in a school sponsored interscholastic or intramural athletic team or squad for students enrolled in any of grades 6-12, students must have medical examinations. The examination shall be conducted within 365 days prior to the first practice session.

Your child's health is of vital importance. Together, we can help preserve it. Thank you for your cooperation in this matter.

## 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 \_\_\_\_\_

**SCHOLASTIC STUDENT-ATHLETE SAFETY ACT  
INFORMATION FACT SHEET  
FOR PARENTS/GUARDIANS**

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six through 12 must present a completed pre-participation physical evaluation (PPE) form to the designated school staff member. Important information regarding the PPE is provided below, and you should feel free to share with your child's medical home health care provider.

1. **The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment professional development module.** It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE.
2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in English and Spanish at <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>.
3. The parent/guardian must complete the *History Form* (page one), and insert the date of the required physical examination at the top of the page.
4. The parent/guardian must complete *The Athlete with Special Needs: Supplemental History Form* (page two), if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.
5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the *Physical Examination Form* (page three) and *Clearance Form* (page four).
6. The school district must provide written notification to the parent/guardian, signed by the school physician, indicating approval of the student's participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student's participation.
7. For student-athletes that had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the *Health History Update Questionnaire* (HHQ) form must be completed, and signed by the student's parent/guardian. The HHQ must be reviewed by the school nurse and, if applicable, the school's athletic trainer. The HHQ is available at <http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf>.

For more information, please review the *Frequently Asked Questions* which are available at <http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf>. You may also direct questions to **Saint Catherine of Siena School/Mrs. Colleen Kennedy School Nurse 973-239-6968**.