

# ■ 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 a copy of this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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		Yes	No	MEDICAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?				26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____				27. Have you ever used an inhaler or taken asthma medicine?			
3. Have you ever spent the night in the hospital?				28. Is there anyone in your family who has asthma?			
4. Have you ever had surgery?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>				<b>HEART HEALTH QUESTIONS ABOUT YOU</b>			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?				30. Do you have groin pain or a painful bulge or hernia in the groin area?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				31. Have you had infectious mononucleosis (mono) within the last month?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?				32. Do you have any rashes, pressure sores, or other skin problems?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____				33. Have you had a herpes or MRSA skin infection?			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				34. Have you ever had a head injury or concussion?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?				35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
11. Have you ever had an unexplained seizure?				36. Do you have a history of seizure disorder?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?				37. Do you have headaches with exercise?			
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>				<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			
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)?				38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
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?				39. Have you ever been unable to move your arms or legs after being hit or falling?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				40. Have you ever become ill while exercising in the heat?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?				41. Do you get frequent muscle cramps when exercising?			
<b>BONE AND JOINT QUESTIONS</b>				<b>BONE AND JOINT QUESTIONS</b>			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?				42. Do you or someone in your family have sickle cell trait or disease?			
18. Have you ever had any broken or fractured bones or dislocated joints?				43. Have you had any problems with your eyes or vision?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				44. Have you had any eye injuries?			
20. Have you ever had a stress fracture?				45. Do you wear glasses or contact lenses?			
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)				46. Do you wear protective eyewear, such as goggles or a face shield?			
22. Do you regularly use a brace, orthotics, or other assistive device?				47. Do you worry about your weight?			
23. Do you have a bone, muscle, or joint injury that bothers you?				48. Are you trying to or has anyone recommended that you gain or lose weight?			
24. Do any of your joints become painful, swollen, feel warm, or look red?				49. Are you on a special diet or do you avoid certain types of foods?			
25. Do you have any history of juvenile arthritis or connective tissue disease?				50. Have you ever had an eating disorder?			
				<b>FEMALES ONLY</b>			
				51. Do you have any concerns that you would like to discuss with a doctor?			
				52. Have you ever had a menstrual period?			
				53. How old were you when you had your first menstrual period?			
				54. How many periods have you had in the last 12 months?			

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 \_\_\_\_\_

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HED503

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

9-2681/0-110

# ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 \_\_\_\_\_

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

# ■ 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			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>MEDICAL</b>		<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance			
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat			
• Pupils equal			
• Hearing			
Lymph nodes			
Heart*			
• Murmurs (auscultation standing, supine, +/- Valsalva)			
• Location of point of maximal impulse (PMI)			
Pulses			
• Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
• HSV, lesions suggestive of MRSA, linea corporis			
Neurologic*			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
• 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 \_\_\_\_\_

# ■ 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 \_\_\_\_\_

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 \_\_\_\_\_

Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_



## Resources

For more information on sudden death in young athletes, visit [www.sudden-death-in-young-athletes.org](http://www.sudden-death-in-young-athletes.org)

American Heart Association

For more information, visit [www.heart.org](http://www.heart.org)

## Agencies:

**Pediatrics**

1000, Suite 108



**Education**

11



**Department of Education**

12



**Health**

13

14

**Academy of Pediatrics,**

**Dr. Sushma Raman Hebbbar, PhD**

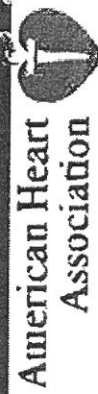
Department of Education, and Senior Services, New Jersey Chapter, NJ State, Pediatric Cardiologists, Nurses

DeWitt-Parker, MSN, CSN, RN; Susan Martz, EdM; Dr. Rosenburg, MD, Dr. Weinstock, MD

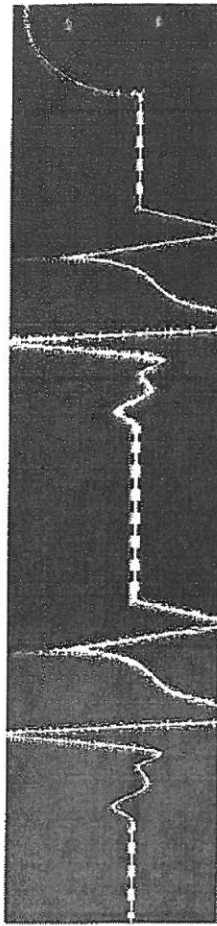
# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

## The Basic Facts on Sudden Cardiac Death in Young Athletes

STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

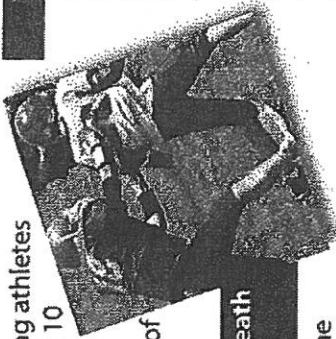


*Learn and Live*



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

**S**udden 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.

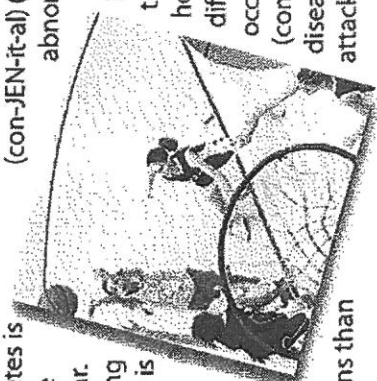
Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

**What are the most common causes of sudden cardiac death in young athletes?**

Research suggests that loss of proper heart rhythm (arrhythmia) can cause the heart to quiver instead of pump blood to the brain and body. This is called ventricular fibrillation (ventricular fibrillation). The problem is often caused by one of several cardiovascular and electrical diseases of the heart that are often unnoticed in healthy athletes.

The most common cause of sudden cardiac death in an athlete is hypertrophic cardiomyopathy (HCM), also called HCM. HCM is a disease of the heart muscle, which can cause problems and blockages in the heart. HCM develops gradually over time.

The second most likely cause of sudden cardiac death in young athletes is congenital coronary artery anomalies (con-JEN-it-al) (i.e., present abnormalities of the arteries). These anomalies can cause the main blood vessel (the aorta) to be in an abnormal position, which differs from the normal position. This can occur when the heart is still in the womb (commonly called "congenital disease," which can lead to a heart attack).



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

heart that can lead to  
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1-car-DIE-tis), an acute  
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known reasons.

and other electrical  
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usually tall athletes,  
all is not common in  
ers.

### Signs to watch for?

if these sudden cardiac  
arning signs that were  
i seriously. Warning

or convulsions during

e from emotional  
onal distress or being

adedness, especially

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.

### When 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, even review of the family history, should be performed on a year athlete's primary health proper screening and cases can be identified.

### Why have an AED on school events?

The only effective treatment for sudden cardiac arrest is immediate defibrillation. An AED can restore the heart's normal rhythm. An AED can be used on anyone, even a child, by following the instructions on the chest over the heart. Effective September 1, 2012, the Department of Education requires all public and nonpublic schools to have an AED through 12 shall:

- Have an AED available at all school events (three minutes or less) and return with the AED
- Have adequate personnel trained in AED use present at all school games;
- Have coaches and athletic trainers trained in basic life support techniques
- Call 911 immediately after retrieving the AED.

State of New Jersey  
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet**  
**Sign-Off Sheet**

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: \_\_\_\_\_