

In order to ensure that your physical is not returned for corrections causing delay of its approval please follow the instructions below:

- Physicals must be handed in prior to the registration deadline.
 - ONLY EXCEPTION** will be physical is scheduled after the deadline due to insurance reasons.
- Physicals must be completed on the NJ Department of Education PPE form. **DO NOT STAPLE TOGETHER!**
- Name must be on ALL pages where indicated. Please print name on pages 1,3, and 4
- Include date of exam where indicated

PAGE 1 HISTORY FORM-Make sure you answer all questions-to be completed by Parent/Guardian-Student

- Must be signed by parent/guardian and student
- Date must be within 90 days of first practice or tryout
- All YES answers MUST BE EXPLAINED!**
- Yes answers to numbered questions below that are repeatedly returned for explanation: Explain;**
 - #3 and or #4 – what, when and why
 - #5-#12 If had an EKG/ Murmur please need date and MD must write in clearance section (page 4) or include report/note that there are no cardiac indications and that you are cleared to participate. Explain.
 - #13-#16 describe relation (i.e. maternal grandmother)
 - #17-#25 What/when injury? Are there notes on file in the health office? If recent injury attach note to physical or have MD write in clearance section on page 4
 - #34 When was head injury? Did you complete gradual return to play protocol? Notes on File?
 - #45 circle glasses/contacts or write in both (wear to exam)
 - #52-54 Females write in
 - Page one must be reviewed by your physician at the time of exam
- Supplemental History Form** is for students with disabilities-Page 2
- Physical Examination Form pages 3 & 4**
- To be completed by a licensed physician, advanced practitioner nurse, or physician assistant and has completed the Student Athlete Cardiac Assessment Professional Development Module
 - All vitals to be completed –height-weight-vision-blood pressure and pulse-students please wear contact/glasses
- Date of exam must be included not date of signature/date form filled out
- Examining physician must sign page 3, page 4 and cardiac statement on page 4
- Office stamp required on page 4
- Health care provider completing exam should use Clearance Form page four to explain any yes answers on history form