

Holmdel Public Schools  
**WILLIAM R. SATZ SCHOOL**

**SPORTS PHYSICAL PACKET INFORMATION**

All sports physicals **MUST** be on New Jersey Department of Education forms in order for an athlete to be cleared to participate in a Satz school sport. These forms can be found on our Athletic website or in the Satz school nurse's office.

**The following procedures must be followed in order to be cleared by the Satz school nurse (Mrs. Jane Denton) for participation in a Satz Sport.**

- All students planning to participate in a sport at the Satz School must have one comprehensive sports physical per year.
- The Sports Physical is only good for **one year** from the date that the doctor performed the physical, not the date the doctor fills out the forms.
- All Sports Physicals **MUST** be on the Holmdel Physical Examination forms from the New Jersey Department of Education. **NO EXCEPTIONS**
- All Physical Evaluation forms must be completed, signed by a parent and stamped by a physician licensed to practice medicine
- Health history and permission sheets must be completed and signed by **BOTH** parent/guardian and athlete.
- The entire Sports Packet must be returned to the school nurse prior to tryouts.
- All Sports Packets will be sent to our School Physician and he will then clear all athletes along with our school nurse.
- If an athlete has a potentially life-threatening illness the Authorization for Medication Form must be completed and signed by both the parent/guardian and physician then returned to the school nurse prior to clearance.

**Holmdel Public Schools**  
**WILLIAM R. SATZ SCHOOL**  
**2011-2012 Sports Seasons**

**Satz Fall Sports Tryouts:**

- **Tuesday, September 6, 2011 @ Holmdel High School @ 3:00 pm**
  
- **Sports offered in the Fall:**  
(Boys Soccer, Girls Soccer, Field Hockey & Boys/Girls Cross Country)
  
- **Must have your Sports Physical paperwork cleared by the school nurse by August 18, 2011 in order to tryout – NO EXCEPTIONS**
  
- **Must have physical done by your own Doctor.**

**Satz Winter Sports Tryouts:**

- **Monday, December 5, 2011 @ Satz School @ 3:00 pm**
  
- **Sports offered in the Winter:**  
(Boys Basketball, Girls Basketball, Wrestling & Cheerleading)
  
- **Must have your Sports Physical paperwork cleared by the school nurse by November 23, 2011 in order to tryout – NO EXCEPTIONS**
  
- **Must have physical done by your own Doctor.**

**Satz Spring Sports Tryouts:**

- **Monday, March 12, 2012 @ Satz School @ 3:00 pm**
  
- **Sports offered in the Spring:**  
(Baseball, Softball & Boys/Girls Track))
  
- **Must have your Sports Physical paperwork cleared by the school nurse by March 2, 2012 in order to tryout – NO EXCEPTIONS**
  
- **Must have physical done by your own Doctor.**

**Holmdel Township Public Schools**  
**Department of Athletics**  
**Permission for Participation in Sports**  
**2011-2012 School Year**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ (in Sept. '11) Date of Birth: \_\_\_\_\_

1. A physical examination performed by the family physician is required prior to participation in the interscholastic sports program. Private physician physicals must be completed using the school's forms and signed by the school physician prior to participation. **All physicals will be valid for one year from the date of the physical (365 days).**
2. Academic eligibility requires that a fall athlete (8th grade) pass at least six classes the previous school year, a winter athlete (7th & 8th grade) pass at least six classes in the first marking period of the current school year, and a spring athlete (7th & 8th grade) pass at least six classes of each of the first two marking periods of the current school year in order to be eligible for participation. The failure or report of failing any class while on a team will lead to probation and the signing of an individualized contract designed to improve the academic performance of the athlete. Documented failure of two or more classes during the season may result in dismissal from the team for that season.
3. Student athletes are expected to behave appropriately in class and follow all school rules and regulations. Receipt of a conduct report prevents the athlete from participating in practice/game/match/meet that day. Any related consequences will be upheld. Receipt of five points in one season (or fifteen points in a school year) may lead to dismissal from the team.
4. Coaches will communicate regularly with the athletes' teachers to determine the academic and behavioral progress of the student. Negative comments may result in probation and the signing of an individualized contract designed to improve the academic/behavioral performance of the athlete. Repeated negative comments may result in dismissal from the team for the season.
5. Athletes will accept the responsibility of keeping in good physical condition, upholding academic responsibilities, and behaving in a sportsman(woman)like manner at all times. To this end, students are responsible for participating in Physical Education/Health class every day. If an athlete fails to participate in Physical Education/Health class on the day of a practice or game/match/meet, the athlete may not participate in the extracurricular event that day. Any related consequences will be upheld.
6. A student athlete must attend school for a full day (or at least four periods, one of which must be PE/Health, with a medical note) in order to participate in a sports' practice or game/match/meet. Any related consequences will be upheld.
7. Athletes must understand that attendance at practice and games is mandatory. Lateness and/or unexcused absence may result in dismissal from the team. Vacations during the school year are strongly discouraged and may result in loss of playing time and/or dismissal from the team.
8. A **first offense** (in-season or out-of-season) for a positive steroid test, use of tobacco (in any form), possession or use of any drug (not prescribed by a physician), and possession or use of alcoholic beverages is prohibited and will result in a 60 calendar day suspension from athletic involvement. Students in violation will be required to submit to a referral with the Student Assistance Counselor (SAC). A **second offense** will result in a suspension from athletic participation for a period of one year from the time of the second infraction.
9. An athlete who does not observe a coach's particular training rules is liable for suspension from the team.
10. Athletes must complete the season satisfactorily to earn a Satz letter and any other athletic awards.

**Failure to follow these rules may result in a suspension or dismissal from the team.**

We, the undersigned student and parent/guardian, understand and agree to abide by the above rules and regulations. We also acknowledge the physical risks involved as a result of participation in sports.

**The undersigned agreement will remain in effect for one year from the date below.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

# New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

**Part A: HEALTH HISTORY QUESTIONNAIRE**-Completed by the parent and student and reviewed by examining provider  
**Part B: PHYSICAL EVALUATION FORM**-Completed by examining licensed provider with MD, DO, APN or PA

## Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Date of Last Sports Physical: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: M F (circle one) Age: \_\_\_\_ Grade: \_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Provider Name (Medical Home): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name of parent/guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Additional emergency contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Directions:** Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

- 1. Have you ever had, or do you currently have:**
- a. Restriction from sports for a health related problem? Y / N / Don't Know
  - b. An injury or illness since your last exam? Y / N / Don't Know
  - c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
    - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
  - d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
  - e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
  - f. Any **allergies** to medications? **Y / N / Don't Know**
  - g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
    - (1.) If yes, check type of reaction:
      - Rash  Hives  Breathing or other anaphylactic reaction
      - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
  - h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
  - i. A blood relative who died before age 50? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

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**List all medications here:**

Medication Name	Dosage	Frequency

2. **Have you ever had, or do you currently have, any of the following *head-related* conditions:**

- |   |                    |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss?   | Y / N / Don't Know |
| c. Knocked out?   | Y / N / Don't Know |
| c. A seizure?   | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)?       | Y / N / Don't Know |
| e. Fuzzy or blurry vision   | Y / N / Don't Know |
| f. Sensitivity to light/noise                                     | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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3. **Have you ever had, or do you currently have, any of the following *heart-related* conditions:**

- |  |                    |
|--|--------------------|
| a. Restriction from sports for heart problems?   | Y / N / Don't Know |
| b. Chest pain or discomfort?   | Y / N / Don't Know |
| c. Heart murmur?   | Y / N / Don't Know |
| d. High blood pressure?  | Y / N / Don't Know |
| e. Elevated cholesterol level?   | Y / N / Don't Know |
| f. Heart infection?  | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause?                        | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test ( EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats?   | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise?                                  | Y / N / Don't Know |
| k. Any family member (blood relative):   |                    |
| (1.) Under age 50 with a heart condition?  | Y / N / Don't Know |
| (2.) With Marfan Syndrome?   | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____                           | Y / N / Don't Know |
| (4.) Died with no known reason?  | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.)                        | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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4. **Have you ever had, or do you currently have, any of the following *eye, ear, nose, mouth or throat* conditions:**

- |   |                    |
|---|--------------------|
| a. Vision problems?   | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems?  | Y / N / Don't Know |
| (1.) Wear hearing aides or implants?  | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds?                                 | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear?                          | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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5. **Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions.**

- |   |                    |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve?      | Y / N / Don't Know |
| b. A sprain?  | Y / N / Don't Know |
| c. A strain?  | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)?                                   | Y / N / Don't Know |
| f. Upper or lower back pain?                              | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)?    | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment?        | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

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6. Have you ever had or do you currently have any of the following *general or exercise related conditions*:

- a. Difficulty breathing?
  - (1.) During exercise? Y / N / Don't Know
  - (2.) After running one mile? Y / N / Don't Know
  - (3.) Coughing, wheezing or shortness of breath in weather changes? Y / N / Don't Know
  - (4.) Exercise-induced asthma? Y / N / Don't Know
    - i. Controlled with medication? (specify \_\_\_\_\_) Y / N / Don't Know
    - ii. Experience dizziness, passing out or fainting? Y / N / Don't Know
- b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? Y / N / Don't Know
- c. Become tired more quickly than others? Y / N / Don't Know
- d. Any of the following skin conditions:
  - (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? Y / N / Don't Know
  - (2.) Sun sensitivity? Y / N / Don't Know
- e. Weight gain/loss (of 10 pounds or more)? Y / N / Don't Know
  - (1.) Do you want to weigh more or less than you do now? Y / N / Don't Know
- f. Ever had feelings of depression? Y / N / Don't Know
- g. Heat-related problems (dehydration, dizziness, fatigue, headache)? Y / N / Don't Know
  - (1.) Heat exhaustion (cool, clammy, damp skin)? Y / N / Don't Know
  - (2.) Heat stroke (hot, red, dry skin)? Y / N / Don't Know
  - (3.) Muscle cramps? Y / N / Don't Know
- h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

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7. **Females only:**

Age of onset of menstruation: \_\_\_\_\_ How many menstrual periods in the last twelve (12) months? \_\_\_\_\_

How many periods missed in the last twelve (12) months? \_\_\_\_\_

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

\_\_\_\_\_  
Signature, Parent/Guardian or Student Age 18

\_\_\_\_\_  
Date of Signature:

**THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.**

# ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

## Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

### -STUDENT INFORMATION-

Student's Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Sex: M F (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ District: \_\_\_\_\_  
 Parent/Guardian's Full Name: \_\_\_\_\_

### - EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### - FINDINGS OF PHYSICAL EVALUATION -

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it:   Louder           Softer           No Change
		Squatting makes it:   Louder           Softer           No Change
		Valsalva makes it:   Louder           Softer           No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

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Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

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General Diagnosis:

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General Recommendations:

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**THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.**

**CLEARANCES: This section is completed by the examining healthcare provider.**

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restrictions.
- B. Not cleared for participation in any sport until evaluation/treatment of:

\_\_\_\_\_

- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

\_\_\_ CONTACT/COLLISION  
\_\_\_ LIMITED CONTACT

\_\_\_ NON-CONTACT/STRENUOUS  
\_\_\_ NON-CONTACT/NON-STRENUOUS

Limitations due to: \_\_\_\_\_

**NOTES TO THE EXAMINING PROVIDER**

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly; Splenomegaly; Malignancy; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

**SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT**

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

**Effects of physiologic maneuvers on heart sounds**

Standing      Increases murmur of HCM  
Decreases murmur of AS, MR  
MVP click occurs earlier in systole

Squatting      Increases murmur of AS, MR, AI  
Decreases murmur of MCH  
MVP click delayed

Valsalva      Increases murmur of HCM  
Decreases murmur of AS, MR  
MVP click occurs earlier in systole

**Physical Stigmata of Marfan's Syndrome**

Kyphosis  
High arched palate  
Pectus excavatum  
Arachnodactyly  
Arm span > height 1.05:1 or greater  
Mitral Valve Prolapse  
Aortic Insufficiency  
Myopia  
Lenticular dislocation

HCM: Hypertrophic Cardio Myopathy  
AS: Aortic Stenosis  
AI: Aortic Insufficiency  
MR: Mitral Regugitation  
MVP: Mitral Valve Prolapse

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
  - MD/DO
  - APN
  - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

**RESERVED FOR SCHOOL DISTRICT USE**

**NOTE:** *N.J.A.C. 6A:16-2.2* requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

History and Physical Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Reviewer (please check one):  School Nurse  School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician \_\_\_\_\_  
Date

Letter of notification is attached.

OR

Parent notification indicates that:

- Participation Approved without limitations.
- Participation Approved with limitations pending evaluation.
- Participation NOT Approved

Reason(s) for Disapproval: \_\_\_\_\_

\_\_\_\_\_