<u>Instructions for Completion of Sports Physical Packet – includes online registration and sports physical packet:</u>

Deadline for submission is one week before the sport tryout date.

- Fall season online registration starts late August
- Winter season online registration starts 2nd week in October
- Spring season online registration starts 2nd week in February

These forms and the online registration forms are state required for sports participation. Student cannot tryout if all requirements are not completed successfully. Online registration instructions are included on the next page.

NOTE: Your completed sports physical forms by your own pediatrician/healthcare provider MUST be turned in to school prior to first week of school in September / or in the first week of school for Dr. Kelly's approval and signature. If submission of sports physical forms is delayed during this timeframe, please have your sports physical forms fax to Dr. Kelly for his signed approval; Dr. Kelly's office will in turn fax your sports forms to the school after his evaluation. Even if you have a completed and approved sports physical packet (approved by school physician Dr. M. Kelly) for school year 2020-2021, you still must also complete the online registration prior to the Fall, Winter and Spring season.

Note: All other forms must have student's names on top

- 1. History Form (pages 1-2) Parent and student to complete, sign and date.
- 2. Physical Examination/ Clearance Form (pages 3-4) To be completed by your physician/ medical provider.
- 3. School Physician Clearance (Page 4 Box titled "School Physician," and the School Physician Clearance Form (page 5) must be signed, dated and approved by school physician Dr. Michael Kelly. These pages 1-5 must be evaluated & approved by Dr. M. Kelly. Below is Dr. M. Kelly's information.

Dr. Michael Kelly, DO 776 Northfield Avenue West Orange, NJ 07052 Tel: 973-736-1939 Fax: 973-736-1937

4. Complete the online registration (includes other state required forms) before each sports season.

Student cannot tryout if all requirements are not completed successfully.

West Orange School District Department of Athletics

Athletic Participation Information & Instructions

West Orange School District athletic paperwork is now completed digitally through rSchoolToday. rSchoolToday is a secure registration platform that provides you with an easy, user-friendly way to complete the required athletic participation forms online.

Pre-Participation Physical Examinations (PPE) will continue to be required on paper and MUST be submitted to the Nurse's Office prior to athletic participation. THERE ARE ABSOLUTELY NO EXCEPTIONS.

A parent/guardian should begin the Registration Process at: https://westorange-ar.rschooltoday.com/

*When you register through rSchool, the system keeps track of your information in your profile. You enter your information only once for each family member, however registration is REQUIRED for each athletic season. Information from the middle schools will be available for high school registration as well.

If you have NOT previously registered for a Family Account follow these steps:

- 1. Go to the above website and click on the Athletic Team Registration icon
- 2. Select button CREATE FAMILY ACCOUNT
 - a. Then select "I don't have an account" and proceed to creating a new account.
 - b. You must confirm your email address in order to proceed. Please login to your email account and look for the email from rSchool with subject line "Confirm Your Activity Registration Account". Click the link inside the email to activate your account.
- 3. Once you create an account, select REGISTER, and it will lead to the first page of the Activity Registration. Start filling out the registration form step by step. Be sure all information is completed prior to saving the registrations. Be sure to SAVE all information prior to closing the page.

If you have previously registered for a Family Account (You should only have one account per family in the district):

To register the same student for a new season:

- 1. Login to your family account.
- 2. Click "Register" link (blue paper and pencil icon) and choose the "name of student" from its dropdown.
- 3. On the next page, choose the "name of the student" from the student name dropdown.

 Note: The form will auto-populate the answers based from your previously submitted registration. Please review and edit the answers such as Grades and others if needed.
- 4. Choose the activity/sport then continue and submit the registration. Be sure to SAVE all information.

To add a new student in your family account:

- 1. Login to your family account.
- 2. Click "Register" link (blue paper and pencil icon) and choose "Register a New Student" from its drop down.

 Note: Fill out the form as a new registration.
- 3. Choose the activity/sport then continue and submit the registration. Be sure to SAVE all information.

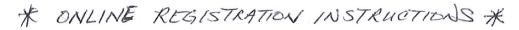


At any time, you may log in to your account to update your information and check the status of your registration. If you need assistance with registration_/contact Ashley Sivo at <u>asivo@westorangeschools.org</u> or rSchoolToday at: support@rschooltoday.com or (612) 605-1623



PHYSICALS WILL STILL BE REQUIRED ON PAPER AND MUST BE COMPLETED ON THE NEW JERSEY DEPARTMENT OF EDUCATION PPE PAPER FORM. PHYSICALS MUST BE HANDED IN AT THE NURSES' OFFICE PRIOR TO BEING CLEARED FOR PARTICIPATION IN ATHLETICS. Even with electronic registration every student's information has to be processed. All physicals will be reviewed for errors and sent to the district physician for approval.

Registration is required for each season of participation!



ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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

Name			Date of birth		
ex Age Grade	School _		Sport(s)		
Medicines and Allergies: Please list all of the prescription ar	nd over-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking	
Do you have any allergies? ☐ Yes ☐ No If yes, plea ☐ Medicines ☐ Pollens	ase identify sp	ecific all	lergy below. — □ Food □ Stinging Insects		
xplain "Yes" answers below, Circle questions you don't know	the answers	to.			
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
Has a doctor ever denied or restricted your participation in sports f any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		140
Do you have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?		-
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			28. Is there anyone in your family who has asthma?		
Other:			29. Were you born without or are you missing a kidney, an eye, a testicle		
Have you ever spent the night in the hospital? Have you ever had surgery?		-	(males), your spleen, or any other organ?		
4. Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area? 31. Have you had infectious mononucleosis (mono) within the last month?		<u> </u>
5. Have you ever passed out or nearly passed out DURING or	169	no	32. Do you have any rashes, pressure sores, or other skin problems?		-
AFTER exercise?			33. Have you had a herpes or MRSA skin infection?		-
6. Have you ever had discomfort, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		
chest during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercises.	ercise?		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
8. Has a doctor ever told you that you have any heart problems? If so	,		36. Do you have a history of seizure disorder?		-
check all that apply: ☐ High blood pressure ☐ A heart murmur			37. Do you have headaches with exercise?		1
High cholesterol			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Has a doctor ever ordered a lest for your heart? (For example, ECG echocardiogram)	/EKG.		39. Have you ever been unable to move your arms or legs after being hit or falling?		
10. Do you get lightheaded or leel more short of breath than expected			40. Have you ever become ill while exercising in the heat?		
during exercise?			41. Do you get frequent muscle cramps when exercising?		
11. Have you ever had an unexplained seizure?		-	42. Do you or someone in your family have sickle cell trait or disease?		
12. Do you get more thred or short of breath more quickly than your friduring exercise?	enas		43. Have you had any problems with your eyes or vision?		_
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries? 45. Do you wear glasses or contact tenses?		-
13. Has any family member or relative died of heart problems or had an			46. Do you wear protective eyewear, such as goggles or a face shield?		-
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndro	ome)?		47. Do you worry about your weight?		
 Does anyone in your family have hypertrophic cardiomyopathy, Ma syndrome, arrhythmogenic right ventricular cardiomyopathy, long to 	TΩ		48. Are you trying to or has anyone recommended that you gain or lose weight?		
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular lachycardia?			49. Are you on a special diet or do you avoid certain types of foods?		
15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?		_
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			FEMALES ONLY 52. Have you ever had a menstrual period?		-
BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?		
Have you ever had an injury to a bone, muscle, ligament, or tendor that caused you to miss a practice or a game?			54. How many periods have you had in the last 12 months?		
18. Have you ever had any broken or fractured bones or dislocated join	rts?	-	Explain "yes" answers here		
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 lold that you have or have you had an x-ray to					
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 re	ed?				
25. Do you have any history of juvenile arthrilis or connective Ussue di					
hereby state that, to the best of my knowledge, my answer	47,419,650	ve que:	stions are complete and correct.		
ignature of athleteSignature	pVnersq to erosang	uardian _	Date		

PAGE 1 07-5

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

Name			Date of birth		
Cav	Age Grade	School	Sport(s)		
	Age Glade	School	Spur((3)		
1. Type of disabi	lity ,				
2. Date of disabi					
3. Classification					
	billy (birth, disease, accident/trauma, other)				
	s you are interested in playing				
u. Lat the appro	you are minimum in praying			Yes	No
6. Do you reputs	irly use a brace, assistive device, or prosthetic	:7			
	ny special brace or assistive device for sports:				
	any rashes, pressure sores, or any other skin				
	a hearing loss? Do you use a hearing aid?	prodjernot			
	a visual impairment?				
	ny special devices for bowel or bladder function	on?			
	burning or discomfort when urinating?	uit			
					-
	d autonomic.dysreflexla? er been diagnosed with a heat-related (hypertt	harmis) or cold-related (humalharmis) illa-	oec?		
		narima) di colo-related (nypomernia) ilin	eas:	-	
	muscle spasticity?	v medication?			-
	frequent seizures that cannot be controlled by	y medication?			
Explain "yes" an:	swers here				
	,	3			
		,	*		
	8	9			
DI 1-11-1-1			* 4 *		
riease indicate i	you have ever had any of the following.				
				Yes	No
			**		
Atlantoaxial insta					
X-ray evaluation	for atlantoaxial instability				
X-ray evaluation Dislocated joints					
X-ray evaluation Dislocated joints Easy bleeding	for atlantoaxial instability				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen	for atlantoaxial instability				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis	for attantoaxial instability (more than one)				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os	for attantoaxial instability (more than one) iteoporosis				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control	for attantoaxial instability (more than one) Iteoporosis Iing bowel				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Difficulty control	for attantoaxial instability (more than one) steoporosis ling bowel				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Numbness or lim	for attantoaxial instability (more than one) Iteoporosis ling bowel ling bladder gling in arms or hands				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Numbness or lim	for attantoaxial instability (more than one) steoporosis ling bowel				
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Numbness or lin Numbness or tin Weakness in arm	for attantoaxial instability (more than one) Iteoporosis ling bowel ling bladder gling in arms or hands gling in legs or feet ns or hands				
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X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Numbness or lin Numbness or lin Weakness in leg Recent change i Spina bifida Latex allargy	for attantoaxial instability (more than one) iteoporosis ling bowel ling bladder gling in arms or hands gling in legs or feet as or hands s or leet a coordination a ability to walk				
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X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Numbness or tim Numbness or tim Weakness in larg Recent change i Recent change i Spina bifida Latex allargy Explain "yes" an	for attantoaxial instability (more than one) iteoporosis ling bowel ling bladder gling in arms or hands gling in legs or feet as or hands s or leet a coordination a ability to walk	ers to the above questions are comple			
X-ray evaluation Dislocated joints Easy bleeding Enlarged spleen Hepatitis Osteopenia or os Difficulty control Numbness or tin Numbness or tin Weakness in larg Recent change i Recent change i Spina bifida Latex allargy Explain "yes" an	for attantoaxial instability (moze than one) Iteoporosis Iting bowel Iting bladder gling bladder gling in legs or feet as or hands s or hands s or leet a coordination a ability to walk Iswers here	ers to the above questions are complet Signature of parent/quaritan		Date	

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NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

Date of birth

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

PHYSICIAN REMINDERS

Do you for Do you e Do you e Have you During the Have you Have you Have you Do you d	dditional question eel stressed out o ever feel sad, hope eel safe at your le ever tried cigare he past 30 days, d frink alcohol or us u ever taken anab wever taken any s wear a seat belt, u eviewing question	or under	a lot of a presse resident lewing use che other drawing roids of the lotter to the lents to the	f pres d, or loe? tobac wing ugs? r used help nd us	sure? anxious? co, snuff, or (tobacco, snu I any other po you gain or I e condoms?	off, or dlp? erformance s lose weight o	or improve your	perfo	rmance?		Date of Ex	kam:			
Height			Wei	ght			☐ Male		Female						
ВР	/ (1)	Pulse		Vision			L 20/		Corre	cted 🗆 Y	'	
MEDICAL Appearance • Marfan stigarm span	gmata (kyphoscolic > height, hyperlaxı	osis, hig ty, myor	h-arche oia, MVP	d pala	ite, pectus exc c insufficiency	cavatum, arac	hnodactyly,		NORMAL		A		L FINDING:		
Eyes/ears/nosPupils equHearing															9
Lymph nodes															
	(auscultation stand of point of maximal			Vaisa	lva)			-							
	ous femoral and ra	idial pul	ses					+							
Lungs								+							
	(males only)*							+							
Skin • HSV, lesion Neurologic *	ns suggeslive of M	RSA. tin	ea corp	oris											
MUSCULOSE	KELETAL							+							
Neck															
Back								\perp							
Shoulder/arm Elbow/foreard								+-							
Wrist/hand/fir								+							
Hip/thigh															
Knee								-							
Leg/ankle Foot/toes								+							
Functional								+							
The second secon	k, single leg hop														
*Consider GU exa *Consider cogniti	chocardiogram, and ro am if in private setting ive evaluation or basel r all sports without r all sports without	. Having line neuro restrict	third part opsychiat ion	y prese ric test	ent is recommen ing if a history o	ded. I significant con	ncussion.	nent fo	or						
☐ Not cleared	d														
	□ Pending further	evalua	tion												
	☐ For any sports														
	☐ For certain spor	rts													
Recommendat	tions														
participate in arise after the	ned the above-nar the sport(s) as ou athlete has been (and parents/gua	ıtlined cleare	above. d for pa	A cap	y of the phys	ical exam Is	on record in m	y offic	e and can be	made availabl	e to the schoo	l at the re	quest of th	ne parents.	lf conditions
Name of phy	sician, advanced	practic	e nurse	(AP)	V), physician	assistant (P.	A) (print/type)_					Da	ate of exa	m	
Address															
Signature of p	physician, APN, P	ΡΑ								2					
Society for Spo HE0503	can Academy of Fac orts Medicine, and epartment of Educ	Arnerica	ın Osted	pathio	Academy of	Sports Medic	s, American Colle ine Permission i	ge of : s gran	Sports Medicin ted to reprint fo	e, Amencan Me or noncommerc	dical Society lo ual, educational	purposes	with ackno	wledgment.	3-2681/0410
													1116	6 3	3 OF S

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name	Sex D M D F Age	Date of birth
☐ Cleared for all sports without restriction		
. $\hfill \Box$ Cleared for all sports without restriction with recommendations for further eva	aluation or treatment for	
· · · · · · · · · · · · · · · · · · ·		
□ Not cleared		
☐ Pending further evaluation		
☐ For any sports	* *	
☐ For certain sports		
Reason		
Recommendations		
)
	8	
	,	
EMERGENCY INFORMATION		
Allergies		*
1		5
		2
		×
Other information	1	
	9	
HCP DFFICE STAMP	SCHOOL PHYSICIAN:	
	Reviewed on	
	(D	ate)
	Approved Not Appr	oved
	Signature:	
	J	
I have examined the above-named student and completed the pre- clinical contraindications to practice and participate in the sport(s	participation physical evaluation. The a	thlete does not present apparent
and can be made available to the school at the request of the pare	nts. If conditions arise after the athlete	has been cleared for participation
the physician may rescind the clearance until the problem is resoluted (and parents/guardians).	ved and the potential consequences are	e completely explained to the athlete
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		

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LIBERTY MIDDLE SCHOOL

Athletic Department 1 Kelly Drive West Orange, NJ 07052 973-243-2007 973-319-4129 (FAX)

SCHOOL PHYSICIAN CLEARANCE FORM

PLEASE WRITE YOUR CHILD'S NAME ON THE BLANK LINE

THIS FORM IS TO BE SIGNED OFF BY SCHOOL PHYSICIAN ONLY

Dear Parent/Guardian:	
This letter serves as written notification	·
1 2022 2022 1 1	can/cannot participate in sports for
	to N.J.A. C. 6A:16-2.2. Please be advised that
signed the Athletic Pre-Participation F	of the examining physician who <i>completed and</i> Physical Evaluation - PPE (History Form and d to the school on behalf of your son/daughter.
•	cipate based on an incomplete form, please ensure completes the form and returns it to the school to
Thank you for your cooperation.	
Sincerely,	Procare Medical Associates, LLC
,	Michael Kelly, DO
	776 Northfield Avenue
	West Orange, NJ 07052
	Tel: 973-736-1939
	Fax: 973-736-1937

LMS\Athletics Forms & Letters\Physical Letter\Doctor Confirmation

School Physician Signature

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