Instructions for Completion of Sports Physical Packet – includes online registration *and* sports physical packet:

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 faxed 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) – must be signed, dated and approved by school physician Dr. Michael Kelly. These pages 1-5 must be evaluated & approve 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.**

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 asivo@westorangeschools.org 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

(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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
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 told that you have or have you had an x-ray for neck 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 red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
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?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____

-E0593 J-2681 0410

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

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 _____

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

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.

PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Date of Exam: _____

PHYSICIAN REMINDERS

1. **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?**
2. **Consider reviewing questions on cardiovascular symptoms (questions 5–14).**

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
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[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a] Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b] Consider GU exam if in private setting. Having third party present is recommended.
[c] 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 of exam _____

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 _____

_____

_____

_____

_____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

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 _____

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

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 that your son/daughter _____ can/cannot participate in sports for the **2021-2022** school year pursuant to N.J.A. C. 6A:16-2.2. Please be advised that this letter reflects the recommendation of the examining physician who ***completed and signed*** the Athletic Pre-Participation Physical Evaluation - PPE (History Form and Physical Examination Form) submitted to the school on behalf of your son/daughter.

If your child is deemed unable to participate based on an incomplete form, please ensure that the original examining physician completes the form and returns it to the school to be reviewed for eligibility.

Thank you for your cooperation.

Sincerely,

_____
School Physician Signature

Procare Medical Associates, LLC
Michael Kelly, DO
776 Northfield Avenue
West Orange, NJ 07052
Tel: 973-736-1939
Fax: 973-736-1937