

CLEARANCE:

A. Student may participate in athletics: YES NO Date: _____

B. Cleared after completing evaluation/rehabilitation for: _____

C. NOT CLEARED FOR: Collision ___ Contact ___ Non-Contact ___
Strenuous ___ Moderate ___ Non-Strenuous ___

Diagnosis: _____

Recommendations: _____

EXAMINED BY: Physician's/Provider's Stamp:

Family Physician/Provider ___

School Physician ___

___ MD ___ DO ___ NP ___ PA

Physician's/Provider's Signature: _____

SCHOOL PHYSICIAN'S NOTIFICATION

The school physician has received the medical report from the student's medical home and it complies with the requirements of NJAC 6A:16-2.2(h)5; and further, that the school physician's notification regarding the student's participation in athletics and signature is based solely on the medical examination and results submitted by the examining physician.

School Physician's Initials/Stamp: _____ Date: _____

CLASSIFICATION OF SPORTS BY CONTACT

<u>Collision/Contact</u>	<u>Limited Contact</u>	<u>Strenuous</u>	<u>Noncontact</u>	<u>Nonstrenuous</u>
Field Hockey	Baseball	Field		Bowling
Football	Basketball	Discus		Golf
Ice Hockey	Diving	Javelin		
Lacrosse	Fencing	Shot Put		
Soccer	Field	Rowing		
Wrestling	High Jump	Running/Cross Country		
	Pole Vault	Strength Training		
	Gymnastics	Swimming		
	Skiing	Tennis		
	Softball	Track		
	Volleyball			

MEDICAL CONDITIONS AFFECTING SPORTS PARTICIPATION IN ADOLESCENTS

CONDITIONS REQUIRING CLEARANCE BEFORE SPORTS PARTICIPATION

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
History of Repeated Concussion	Organ Transplant Recipient
Cystic Fibrosis	Sickle Cell Disease
One-Eyed Athletes or Athletes with vision >20/40 in one eye	