

## Attention Parents and Guardians of NHHS Student Athletes

Effective July 1, 2015, your athlete's sport pre-participation physical can only be completed by a licensed physician, advanced practice nurse, or physician assistant that has completed the Student-Athlete Cardiac Assessment professional development module that was mandated by the New Jersey Department of Education. (All physical exams prior to this effective date are acceptable if they are within 365 days of the first day of practice.)

Please check with your athlete's doctor to make sure they completed the module before scheduling an appointment.

Your athlete's doctor will need to sign the bottom of the Clearance Form (Page 4) TWICE. See below.

(This is in addition to their signature on Page 3.)

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

Take this notice with you, along with the NHHS sport pre-participation exam forms on the day of your athlete's sport pre-participation exam.

If you have any questions, please contact the NHHS nurse's office at 908-713-4171.