

The Town of Hillside, Code, Section 211-5, et.seq., provides that it is unlawful for any person over the age of 18 to assist, aid, abet, allow, permit or encourage an ineligible student to register or enroll in the Hillside School District, or to knowingly permit or use his or her address or residence in the registration or enrollment of an ineligible student. Anyone who violates the ordinance is subject to a fine of \$1000.00 and to the payment of restitution which could include tuition costs, investigation expenses and attorney fees.

**HILLSIDE PUBLIC SCHOOLS  
STUDENT REGISTRATION: TO BE COMPLETED FOR ALL STUDENTS**

PLEASE PRINT

**STUDENT**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
last first middle

Grade entering \_\_\_\_\_, Fall 20 \_\_\_\_\_

Student's Address \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Check one: male \_\_\_ female \_\_\_

Date of Birth \_\_\_\_\_ Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Name of school attended in 20 \_\_\_\_ school year \_\_\_\_\_

**PARENT(S)/GUARDIAN**

Parent Military Affiliation: (Check one)  1. Not Military Connected  
 2. Active Military Connected

*Please provide the following information about the student's mother/guardian:*

Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name, Address, Phone Number \_\_\_\_\_  
 \_\_\_\_\_

*Please provide the following information about the student's father/guardian:*

Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name, Address, Phone Number \_\_\_\_\_  
 \_\_\_\_\_

**LANGUAGE/ETHNICITY**

Language spoken at home \_\_\_\_\_ Student's primary language \_\_\_\_\_

Student's ethnicity:  African American  Native American/Alaskan  Asian  
 Hispanic  Caucasian(non-Hispanic)  Pacific Islander/Hawaiian

**STUDENT'S BROTHERS AND SISTERS**

Names of other children in the family	Birthdate	Grade entering Fall, 20__	School enrolled Fall, 20__
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**SPECIAL SERVICES (For placement purposes only. This information will be kept confidential.)**

Has your child been educationally classified?  Yes  No

Has your child been referred to (please check all that apply):  Child Study Team  Speech services  
 ESL  Remedial math or reading services

**EMERGENCY CONTACTS: PLEASE LIST TWO**

*In case an emergency arises and school personnel are unable to reach you, they are to contact the persons below. Please designate persons who can pick up your child from school in case we are unable to reach you.*

1. Emergency Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Emergency Contact Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

2. Emergency Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Emergency Contact Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**ATTESTED**

I attest that the information provided on this registration form is true and complete. I understand that any individual who procures a public education for any student not lawfully domiciled in Hillside will be subject to liability under state law. Upon disenrolling the student(s), the district reserves the right to recover back tuition payments from the individual involved and to pursue all other relief available by law.

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date

.....  
**FOR OFFICE USE ONLY**  
**BIRTH CERTIFICATE AND HEALTH RECORDS**

Note to school official: birth certificate and health records to be attached for first time enrollees. If presented, check here and copy.  birth certificate  health/immunization record

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HILLSIDE PUBLIC SCHOOLS  
RESIDENCY AND GUARDIANSHIP VERIFICATION

PLEASE PRINT

STUDENT

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
last first middle

Student's Address \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Grade entering \_\_\_\_\_, Fall, 20 \_\_\_\_\_

.....  
TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

RESIDENCY

Proof of legal residence in Hillside presented by parent or guardian at registration  
School personnel shall place a check next to proofs presented and attach copies. Three proofs are required.

Category 1 \_\_\_\_\_ Current Tax Bill \_\_\_\_\_ Current Mortgage \_\_\_\_\_ Current Lease  
Category 2 \_\_\_\_\_ Current utility bill for your residence (gas, electric, phone, etc)  
Category 3 \_\_\_\_\_ Driver's License \_\_\_\_\_ Financial account statement  
\_\_\_\_\_ Current pay stub w/address \_\_\_\_\_ State Agency document

GUARDIANSHIP

If a student does not live with a parent, documentation of guardianship is required in the form of a court order or a state agency placement document.

Proof of Guardianship presented: \_\_\_\_\_ court order  
\_\_\_\_\_ state agency placement document

Registration will be complete for a student whose parent or guardian provides the above proofs, subject to verification. The Board retains the right to investigate the residency of any student at any time.

RESIDENCY/GUARDIANSHIP INVESTIGATION

Purpose: \_\_\_\_\_ Verification of residency \_\_\_\_\_ Verification of guardianship (if both, place check by both)

Date(s) of Investigation \_\_\_\_\_

Findings of Residency Investigator \_\_\_\_\_  
\_\_\_\_\_

Signature of Residency Investigator \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT INVENTORY

Please complete all parts of the form. Do not leave any blanks.

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

DATE ENTERED COUNTRY (If not born here) \_\_\_\_\_

STUDENT'S COUNTRY OF BIRTH \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S COUNTRY OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S COUNTRY OF BIRTH \_\_\_\_\_

WHAT LANGUAGES ARE SPOKEN AT HOME? \_\_\_\_\_

WHAT GRADE WILL THE CHILD ENTER IN SEPTEMBER? \_\_\_\_\_

Was the child enrolled in a Bilingual or ESL program? \_\_\_\_\_ If yes, which program and where? \_\_\_\_\_

\*\*\*\*\*Please return to M. Barrerios, R. Cohen, C. Sabates, M. Perez, J. Sukovich, M. Conley

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# IMPORTANT- PLEASE READ

Please check one of the following choices:

I/We GRANT permission for my child's name/photo/image and all other personal identifiers to be published on the school/district's public Internet sites and any other form of print/electronic media and/or print/electronic outlets utilized by the District, including those sites used as part of the Digital Learner program.

I/We DO NOT GRANT permission for the use of my child's name/image in any print or electronic media, including the Internet. I understand that this does not include the use of my child's name/image in school-distributed materials, such as programs for performances, yearbook, or school newspapers.

Student's Name (please print) \_\_\_\_\_ School \_\_\_\_\_ GR \_\_\_\_\_

Signature of Parent/Caregiver or Student if over 18 years old \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

The consent is valid for one school year and such consent must be obtained on a yearly basis. If you wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school, and such rescission takes effect upon receipt by the school.

If you have any questions about our plans to expand the educational technology opportunities for our students, don't hesitate to contact Kristy Weaver, Educational Data Specialist (908) 352-7664 x6709 or [kweaver@hillsidek12.org](mailto:kweaver@hillsidek12.org)

## IMPORTANT- PLEASE READ

As you know, social media continues to play an increasingly important role in our everyday lives. By signing off on this document, you also provide permission for The Hillside Public Schools to use photos/images/videos of your child for purposes such as celebrating achievements and publicizing education events, as deemed appropriate by teachers and administration. Such use may include display in the district website, Facebook, Edmodo, Google Classroom, and Twitter pages, as well as other educational sites used for instructional purposes. Although the school or classroom may be identified, and that adults appearing in photos/images/videos may be named, your child's name or other personally identifiable information will not be used with any photo/image/video. However, one of the Technology Standards requires students to post their work online, to solicit feedback from a global audience. In situations like this, students may post their names and work, but the postings would be on sites used for educational purposes only.

Pursuant to N.J.S.A. 18A:36-35, the Hillside Public Schools will not release any personally identifiable information without consent from a parent/guardian. By definition from the State, personally identifiable information includes student names, photo or image, residential addresses, email address, phone numbers, and locations/times of class trips. Potential dangers associated with the posting of personally identifiable information on a website exist, since global access to the Internet does not allow us to control who may access such information. As you may know, any photos/images/videos posted on any web site can be downloaded and reprinted by various news organizations, including print, electronic and broadcast media. Therefore, the BOE is released from any liability arising from use of your child's photos/images/videos.

If you object to this agreement and wish to opt out of having your child complete digital work, use internet devices in the classroom, do not want your child to be photographed, and do not wish for an image of your child to be published, you have the right to opt out. You may do so by submitting the below form and indicating that you do not grant permission for your child's name, photograph, or any other personal identifiers to be published on any of the above mentioned websites. Additionally, you may do so at any time by writing a letter to the principal of your child's school indicating that you have rescinded your consent. Emails, voicemails, and verbal requests will not be accepted. In the event your child fails to return the required form, they will not be permitted to participate in the Digital Learner program.

# IMPORTANT- PLEASE READ

## Digital Learner Release & Opt Out Message

### **Background:**

In order to be an effective institution of educational opportunity, The Hillside Public Schools is proud to announce that we have gone digital. We have adopted Google Apps for Education, which is a suite of programs that will allow our students to learn, create, research, present, and construct their own knowledge through collaboration on both local and global levels.

The rigorous Technology Standards<sup>1</sup> set forth by The State of New Jersey in 2014 have provided us with guidelines that have helped to broaden our learning opportunities and approach education through a global lens. Our goal is to give students every opportunity to develop a skill set that will serve them well in any career, and provide them with the foundation needed to be successful in positions that have not even been created yet.

Students are expected to collaborate with classrooms from around the world, choose their own learning paths, construct their own knowledge, and gather feedback from others to improve upon their ideas. We have developed a plan to harness the power of the internet, with the main objective always being to provide students with every learning opportunity, while trying our best to protect our students from inappropriate content.

### **Our Program:**

From first grade and up, all students will be issued their own district email accounts. Student accounts will also be created on educational websites, which will help our students meet the Technology Standards. We have researched and compiled a collection of over 700 educational sites which will support our vision of having all students technology literate by the end of 8th grade.

Students 13 and under need parental permission to use sites that require a user to create an account. Creating accounts will allow your child to save his/her work and progress, collaborate with others, and create and share their work with their peers. Signing the form provided below indicates that you have read this message and grant permission for The Hillside Public Schools to create educational accounts for your child. In addition, your child may post his/her work for feedback, where age appropriate, in accordance with the standards.

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<sup>1</sup> "New Jersey Student Learning Standards - State.NJ.us." 2014. 10 Jun. 2016  
<<http://www.state.nj.us/education/cccs/2014/tech/>>

**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

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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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, infections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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 divaricatus)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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

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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 \_\_\_\_\_

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NOTE: The preparticipation 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 \_\_\_\_\_

### PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP	Pulse	Vision R 20V L 20V Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL
Appearance • Marfan stigmata (scoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>†</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>‡</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>‡</sup>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 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		
6. Do you regularly use a brace, assistive device, or prosthetic?	Yes	No
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 \_\_\_\_\_

# 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 \_\_\_\_\_

