

June 4, 2014

Re. Physicals

Dear Parents/Guardians:

Mandated by state law, all incoming Freshmen and Juniors (Class of 2016) and any student participating in athletics are required to have a physical on file. Please return these forms before

August 15,2014.

The required forms can be accessed on our Saint Dominic Academy website under the Athletics tab/Physical Forms.

In order to be compliant with the state, the physician completing the physical **MUST** have completed the Cardiac Assessment Module. The date of completion of the module and signature of the physician must be present on the clearance form of the physical.

Along with the Pre-Participation Physical Exam, a Pamphlet on “Sudden Cardiac Death” (also available on the website), there is a sign off sheet to be completed by both student and parent and submitted with the physical.

Thank you for your cooperation in this matter.

Cordially,

Donna Butto, RN School Nurse

Saint Dominic Academy



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

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

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PHYSICAL EXAMINATION FORM

Name

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).**

Date of birth

|  |  |  |
| --- | --- | --- |
| 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 |  |  |

aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

bConsider GU exam if in private setting. Having third party present is recommended.

cConsider 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).**

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 condi- tions 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) (print/type) Date Address Phone Signature of physician, APN, PA

■■■Preparticipation Physical Evaluation

CLEARANCE FORM

Name

 Cleared for all sports without restriction

Sex  M  F Age

Date of birth

 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

**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

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State of New Jersey

DEPARTMENT OF EDUCATION

**HEALTH HISTORY UPDATE QUESTIONNAIRE**

**Name of School**

**To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student’s parent or guardian.**

**Student Age**

**Grade**

**Date of Last Physical Examination Sport Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes

No

If yes, describe in detail

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes

No

If yes, explain in detail

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes

No

If yes, describe in detail

4. Fainted or “blacked out?” Yes

No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or “racing heart?” Yes

No

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes

7. Been hospitalized or had to go to the emergency room? Yes

No

No

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or “heart trouble?” Yes

9. Started or stopped taking any over-the-counter or prescribed medications? Yes

No

If yes, name of medication(s)

**Date: Signature of parent/guardian PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE’S OFFICE** E14-00284

**State of New Jersey**

**DEPARTMENT OF EDUCATION**

**Sudden Cardiac Death Pamphlet**

**Sign-Off Sheet**

Name of School District:

Name of Local School:

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature:

Parent or Guardian

Signature:

Date:

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlet Safety Act, P.L. 2013, c71

E14-00395

**Website Resources**

l Sudden Death in Athletes [www.cardiachealth.org/sudden-death-in-](http://www.cardiachealth.org/sudden-death-in-) athletes

l Hypertrophic Cardiomyopathy Association [www.4hcm.org](http://www.4hcm.org)

l American Heart Association [www.heart.org](http://www.heart.org)

SUDDEN CARDIAC DEATH

IN

S U D D E N C A R D I A C D E AT H I N Y O U N G AT H L E T E S

**S** Research suggests that the main cause is a

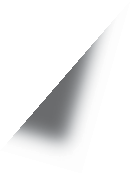
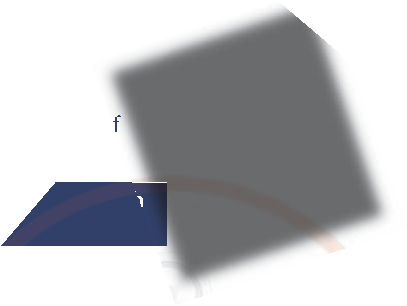
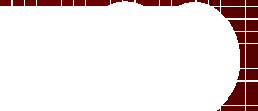
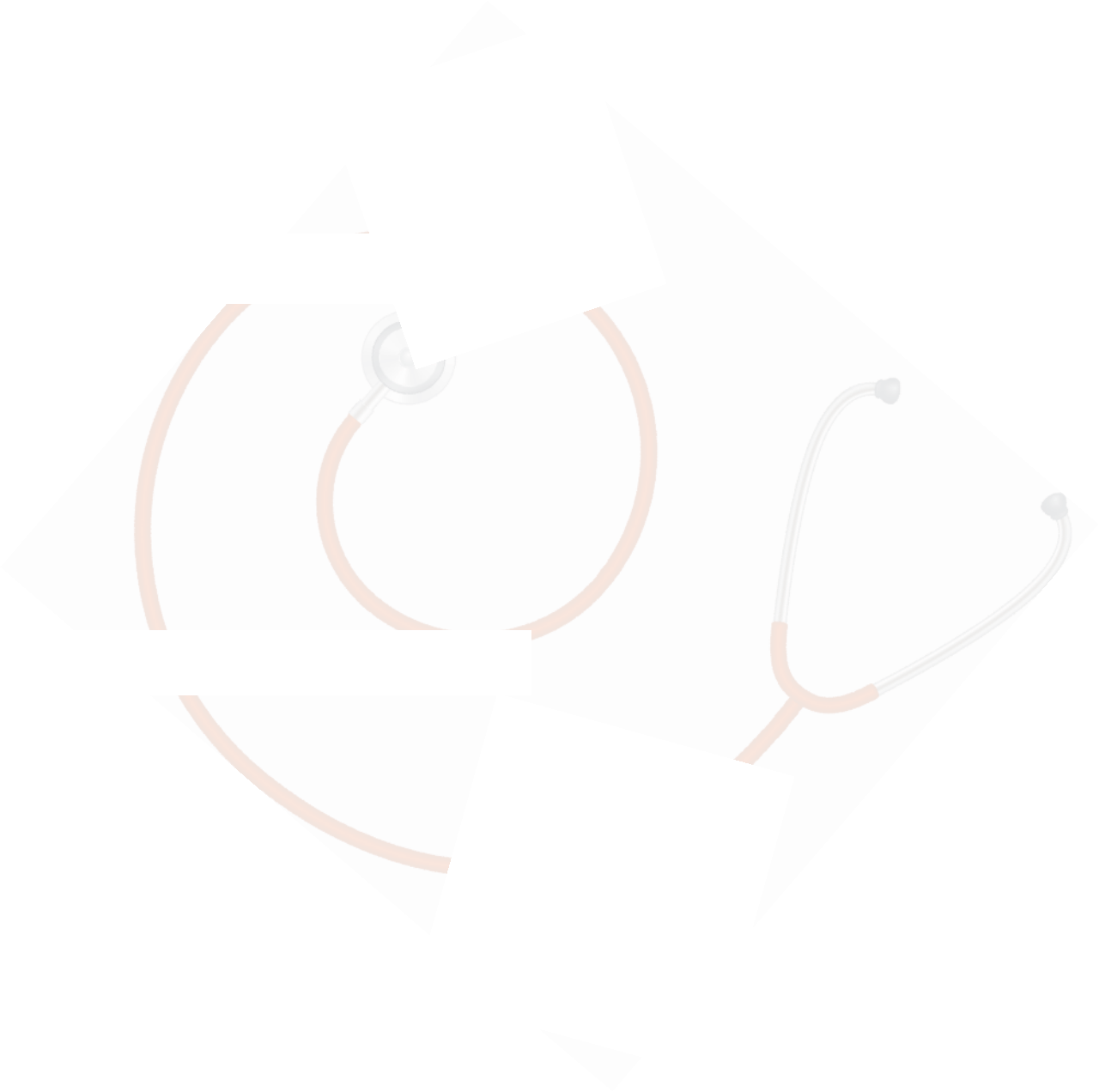
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**Collaborating Agencies:**



**American Academy of Pediatrics**

**New Jersey Chapter**



3836 Quakerbridge Road, Suite 108

Hamilton, NJ 08619

(p) 609-842-0014

(f ) 609-842-0015

[www.aapnj.org](http://www.aapnj.org)

**American Heart Association**



1 Union Street, Suite 301

Robbinsville, NJ, 08691

(p) 609-208-0020

[www.heart.org](http://www.heart.org)

**New Jersey Department of Education**

PO Box 500



Trenton, NJ 08625-0500

(p) 609-292-5935

[www.state.nj.us/education/](http://www.state.nj.us/education/)

**New Jersey Department of Health**

P. O. Box 360

Trenton, NJ 08625-0360

(p) 609-292-7837

[www.state.nj.us/health](http://www.state.nj.us/health)

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YOUNG

ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

**STATE OF NEW JERSEY DEPARTMENT OF EDUCATION**

udden death in youn l

between the ages of

and 19 is very rare.

What, if anything, can be

done to prevent this kind of

10

tragedy?

**What is sudden cardiac de in the young athlete?** Sudden cardiac death is th

result of an unexpected fail f

heart function, usually (about 60% of the

time) during or immediately after exercise

without trauma. Since the heart stops

pumping adequately, the athlete quickly

collapses, loses consciousness, and

ultimately dies unless normal heart rhythm

is restored using an automated external

defibrillator (AED).

**How common is sudden death in young athletes?**

Sudden cardiac death in young athl i very rare. About 100 such deaths a reported in the United States per y . The chance of sudden death occurri

to any individual high school athlet i about one in 200,000 per year.

Sudden cardiac death is more common: in males than in female ; in football and basketball than in other sports; and in African-Ameri in other races and ethnic groups.

s

cans than

**What are the most common causes?**

loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called

ventricular fibrillation (ven- TRICK-you-lar fib- roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy

(hi-per-TRO-fic CAR- dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart

muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital

( - -i - l) (i.e., present from birth)

rmalities of the coronary

arteries. This means that these

blood vessels are connected to

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art in an abnormal way. This

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( monly called “coronary artery

i se,” which may lead to a heart

).

S U D D E N C A R D I A C D E AT H I N Y O U N G AT H L E T E S

Other diseases of the heart that can lead to sudden death in young people include:



l Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).

l Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.

l Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.

l Marfan syndrome, an inherited disorder that aﬀects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

**Are there warning signs to watch for?**

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

l Fainting, a seizure or convulsions during physical activity;

l Fainting or a seizure from emotional excitement, emotional distress or being startled;

l Dizziness or lightheadedness, especially during exertion;

l Chest pains, at rest or during exertion;

l Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;

l Fatigue or tiring more quickly than peers;

or

l Being unable to keep up with friends due to shortness of breath.

**What are the current recommendations for screening young athletes?**

New Jersey requires all school athletes to be examined by their primary care physician (“medical home”) or school physician at least once per year. The New Jersey Department

of Education requires use of the specific Annual Athletic Pre-Participation Physical Examination Form.

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

**When should a student athlete see a heart specialist?**

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform

a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

**Can sudden cardiac death be prevented just through proper screening?**

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are diﬃcult to uncover and may only develop later in life. Others can

develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete’s primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

**Why have an AED on site during sporting events?**

The only eﬀective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a

normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Eﬀective September 1, 2014, the New Jersey Department of Education requires that all public and nonpublic schools grades K through 12 shall:

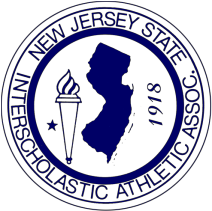
l Have an AED available at every sports event (three minutes total time to reach and return with the AED);

l Have adequate personnel who are trained in AED use present at practices and

games;

l Have coaches and athletic trainers trained in basic life support techniques (CPR); and

l Call 911 immediately while someone is retrieving the AED.



**NJSIAA STEROID TESTING POLICY AND PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORMS**

**NJSIAA STEROID TESTING POLICY**

**CONSENT TO RANDOM TESTING**

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully- licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA’s sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student’s parent/guardian consent to random testing.

**NJSIAA Banned-Drug Classes**

**2012 - 2013**

The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete’s own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

|  |  |  |  |
| --- | --- | --- | --- |
| **(a) Stimulants**  Amiphenazole | **(b) Anabolic Agents anabolic steroids** | **(c) Diuretics**  acetazolamide | **(d) Peptide Hormones & Analogues:**  corticotrophin (ACTH) |
| amphetamine  bemigride benzphetamine bromantan caffeine1 (guarana) chlorphentermine cocaine cropropamide crothetamide diethylpropion  dimethylamphetamine doxapram  ephedrine  (ephedra, ma huang) ethamivan ethylamphetamine fencamfamine meclofenoxate | androstenediol  androstenedione boldenone clostebol  dehydrochlormethyl- testosterone  dehydroepiandro- sterone (DHEA) dihydrotestosterone (DHT) dromostanolone epitrenbolone  fluoxymesterone  gestrinone mesterolone methandienone methenolone methyltestosterone nandrolone | bendroflumethiazide  benzhiazide bumetanide chlorothiazide chlorthalidone ethacrynic acid flumethiazide furosemide hydrochlorothiazide hydroflumenthiazide methyclothiazide metolazone polythiazide quinethazone spironolactone triamterene trichlormethiazide  **and related compounds** | human chorionic gonadotrophin (hCG)  leutenizing hormone (LH)  growth hormone (HGH, somatotrophin)  insulin like growth hormone (IGF-1)  **All the respective releasing factors of the above-mentioned substances also are banned:**  erythropoietin (EPO) darbypoetin sermorelin |
| methamphetamine | norandrostenediol |  |  |

methylenedioxymethamphetamine norandrostenedione

(MDMA, ecstasy) norethandrolone methylphenidate oxandrolone nikethamide oxymesterone

pemoline oxymetholone

pentetrazol stanozolol phendimetrazine testosterone2 phenmetrazine tetrahydrogestrinone phentermine (THG) phenylpropanolamine trenbolone

picrotoxine **and related compounds**

pipradol prolintane strychnine synephrine

(citrus aurantium, zhi shi, bitter  **other anabolic agents**

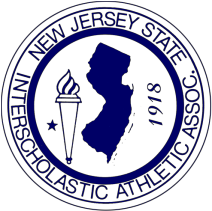
orange)

**and related compounds**

**(e) Definitions of positive depends on the following:**

1 for caffine – if the concentration in urine exceeds 15 micrograms/ml

2 for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.



**NJSIAA PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM**

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly**. In other words, even a “ding” or bump on the head could be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

1. Headache

2. Nausea/vomiting

3. Balance problems or dizziness

4. Double vision or changes in vision

5. Sensitivity to light or sound/noise

6. Feeling of sluggishness or fogginess

7. Difficulty with concentration, short-term memory, and/or confusion

8. Irritability or agitation

9. Depression or anxiety

10. Sleep Disturbance

**Signs observed by teammates, parents and coaches include:**

1. Appears dazed, stunned, or disoriented

2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)

3. Exhibits difficulties with balance or coordination

4. Answers questions slowly or inaccurately

5. Loses consciousness

6. Demonstrates behavior or personality changes

7. Is unable to recall events prior to or after the hit

**What can happen if my child/player keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athletes’ safety.

**If you think your child/player has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete receives written clearance from a physician trained in the evaluation and management of concussions that states the student athlete is asymptomatic at rest and may begin the graduated return to play protocol. The graduated return to play protocol is a series of six steps, the first being a completion of a full day of normal cognitive activities without re-emergence of symptoms.

Day 2: light aerobic exercise, keeping the student’s heart rate <70% max

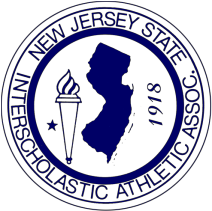
Day 3: sport specific exercises: running, etc. No head impact activities.

Day 4: non-contact training drills such as passing, shooting. Some progressive resistance training.

Day 5: normal training/practice activities, following medical clearance. Day 6: return to play involving normal game exertion or game activity.

You should also inform your child’s Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:<http://www.cdc.gov/ConcussionInYouthSports><http://www.nfhslearn.com>



NJSIAA STEROID TESTING POLICY CONSENT TO RANDOM TESTING

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student’s team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete Print Student-Athlete’s Name

Signature of Parent/Guardian Print Parent/Guardian’s Name

Date

Date

NJSIAA PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM

By signing below, we agree to abide by the NJSIAA Concussion Policy. We have read and understand the risks associated with continuing to play with the signs and symptoms of a concussion.

Signature of Student-Athlete Print Student-Athlete’s Name

Signature of Parent/Guardian Print Parent/Guardian’s Name

Date

Date



**1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax**

**NJSIAA STEROID TESTING POLICY**

**CONSENT TO RANDOM TESTING**

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA’s sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student’s parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student’s team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete Print Student-Athlete’s Name Date

Signature of Parent/Guardian Print Parent/Guardian’s Name Date

*May 1, 2010*