PHYSICAL EXAMINATION REQUIREMENTS FOR SPORTS/ACTIVITIES PARTICIPATION 2014-2015 SCHOOL YEAR

Dear Parent/Guardian:

According to state law and district policy, students who wish to participate in sports/activities must meet certain requirements. The following information lists those requirements.

Students who wish to try out for a school athletic team must return a completed N.J. Dept. of Ed. Annual Athletic Pre-Participation Physical Examination Form found on the district website- E-Boards- GTMS Nurses. This includes a medical history questionnaire to be completed by the parent before the date of the examination and the physical exam section to be completed by the physician. Both sections must be completed in their entirety and returned to the School Health Office. A new medical history questionnaire is required to be completed prior to each sport/activity that the student participates in during the school year.

Please read and share the enclosed information, “Sports-Related Concussion and Head Injury Fact Sheet,” with the Student-Athlete and return this form signed by both you and the Student-Athlete. The Scholastic Student Athlete Safety Act requires that all students who participate in sports/activities read the enclosed pamphlet titled, “Sudden Cardiac Death in Young Adults,” and sign off that you have read this information. Please return these forms at the same time that the physical examination form is returned to the school nurse.

It is important that all students visit their doctors at some point during their middle school years for a complete physical exam. Sports physicals must have been done within 365 days of the first practice for that sport/activity. For the purpose of sports/activities participation only, our school doctor will be offering physical examinations during the summer break, and on the dates below during the school year. It is strongly encouraged that every student interested in participating in sports/activities come to one of the summer physical examination dates listed below:

(Walk in- No appointment needed- August 18 - (Monday) and August 21 - (Thursday) - 8:30 -1:30, August 26 (Tuesday) - 8:30-1:30. Last summer physical day August 28 (Thursday)-8:30-1:30.

If you wish to have your child’s physical examination completed by your own doctor, the same forms must be completed and delivered directly to the school nurse in the School Health Office by 7:30am on the following dates listed on the back side of this page.

(See back side)
<table>
<thead>
<tr>
<th>Sports/Activities</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls Field Hockey, Cross Country, Boys and Girls</td>
<td>September 11 (Thursday)</td>
</tr>
<tr>
<td>Soccer, Flag Football, Golf, Drill/Dance Team</td>
<td></td>
</tr>
<tr>
<td>Boys and Girls Basketball, Wrestling</td>
<td>October 16 (Thursday)</td>
</tr>
<tr>
<td>Volleyball, Indoor Floor Hockey, Indoor Soccer</td>
<td>January 22 (Thursday)</td>
</tr>
<tr>
<td>Baseball, Softball, Track and Field</td>
<td>March 19 (Thursday)</td>
</tr>
</tbody>
</table>
**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 __________________________ Date of birth __________________________

Name __________________________ 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 __________________________

<table>
<thead>
<tr>
<th>Do you have any allergies?</th>
<th>□ Yes</th>
<th>□ No</th>
<th>If yes, please identify specific allergy below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Medicines</td>
<td></td>
<td></td>
<td>• Stinging Insects</td>
</tr>
<tr>
<td>□ Pollens</td>
<td></td>
<td></td>
<td>• Food</td>
</tr>
</tbody>
</table>

Explain “Yes” answers below. Circle questions you don’t know the answers to.

### GENERAL QUESTIONS

- 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

- 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

- 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) YES NO
- 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? YES NO
- 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? YES NO
- 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? YES NO

### BONE AND JOINT QUESTIONS

- 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. Have you ever had any history of juvenile arthritis or connective tissue disease?

### EXPLANATIONS AND MEDICAL QUESTIONS

- 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?

### MEDICAL QUESTIONS

- 52. Have you ever had a menstrual period?
- 53. Have you ever had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
- 54. How many periods have you had in the last 12 months?

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**

**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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________
## Preparticipation Physical Evaluation

### PHYSICAL EXAMINATION FORM

**Name** ___________________________ **Date of birth** ___________________________

### 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).

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyper laxity, myopia, MVP, aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/ears/nose/throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HSV, lesions suggestive of MRSA, tinea corporis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Duck-walk, single leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam if in private setting. Having third party present is recommended.
*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** ___________________________

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 ____________________________________________________________________________________________

__________________________________________________________________________________________

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
Sudden Cardiac Death in Young Athletes

The Basic Facts on Sudden Cardiac Death in Young Athletes

Suddenly death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper 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 athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

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

What are the most common causes?

Research suggests that the main cause is a 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 (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- 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 include:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- 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:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED);
- Have adequate personnel who are trained in basic life support techniques (CPR); and
- Have coaches and athletic trainers trained in AED use present at practices and games;
- Call 911 immediately while someone is retrieving the AED.
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: ________________________________________________________________________________
A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

• All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
• All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
• Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
• Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

Quick Facts
• Most concussions do not involve loss of consciousness
• You can sustain a concussion even if you do not hit your head
• A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)
• Appears dazed or stunned
• Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
• Exhibits difficulties with balance, coordination, concentration, and attention
• Answers questions slowly or inaccurately
• Demonstrates behavior or personality changes
• Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)
• Headache
• Nausea/vomiting
• Balance problems or dizziness
• Double vision or changes in vision
• Sensitivity to light/sound
• Feeling of sluggishness or fogginess
• Difficulty with concentration, short term memory, and/or confusion
What Should a Student-Athlete do if they think they have a concussion?

- **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- [www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)
- [www.nfhs.com](http://www.nfhs.com)
- [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- [www.bianj.org](http://www.bianj.org)
- [www.alsnj.org](http://www.alsnj.org)

__________________________________           _______________________________ __________
Signature of Student-Athlete  Print Student-Athlete’s Name  Date

__________________________________           _______________________________ __________
Signature of Parent/Guardian  Print Parent/Guardian’s Name  Date