This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student - Athlete Cardiac Assessment Professional Development module Hosted by the New Jersey Department of Education.

Date of birth:

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Name:

acknowledgment.

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.

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Preparticipation Physical Evaluation Medical Eligibility Form

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name	Date of Birth
Date of Exam	
o Medically eligible for all sports without restriction	
o Medically eligible for all sports without restriction with	recommendations for further evaluation or treatment of
o Medically eligible for certain sports	
o Not medically eligible pending further evaluation	
o Not medically eligible for any sports	
Recommendations:	
athlete does not have apparent clinical contraindications to practic the physical examination findings- are on record in my office and	on this form and completed the preparticipation physical evaluation. The se and can participate in the sport(s) as outlined on this form. A copy of can be made available to the school at the request of the parents. If , the physician may rescind the medical eligibility until the problem is to the athlete (and parents or guardians).
Signature of physician, APN, PA	Office stamp (optional)
Address:	
Name of healthcare professional (print)	
I certify I have completed the Cardiac Assessment Professional De Education.	evelopment Module developed by the New Jersey Department of
Signature of healthcare provider	
Shared Ho	ealth Information
Allergies	
Medications:	,
Other information:	
Emergency Contacts:	

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*This form has been modified to meet the statutes set forth by New Jersey.