Haddonfield Memorial High School
Counseling Department

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-2204 • Fax (856) 216-9759

Welcome to Haddonfield Memorial High School! We look forward to providing you with individualized counseling throughout your time here at HMHS. Our Counseling Department's mission is to provide a comprehensive school counseling program that addresses the emotional, social, career developmental, and academic needs of all students in the Haddonfield School District. Having a comprehensive counseling program that is fully integrated with the academic mission of the district and works with all stakeholders in the school and community can help ensure success for Haddonfield students.

Our stellar staff works diligently to provide authentic instructional situations in each course and program we offer. Our programs meet the requirements set forth by the New Jersey Department of Education, while also encompassing the rigor of advanced placement classes. We encourage each student and his or her parents to familiarize themselves with our Program of Studies which outlines and describes each of our courses. The Program of Studies is accessible on the Counseling tab of the HMHS website: http://www.haddonfield.k12.nj.us/highschool/Counseling/Program%20of%20Studies.htm

There are three steps to this process. Families complete this Registration Packet and provide all required documents for review to Ms. Tracy Ann Matozzo, Dean of Students, 856-429-3960 x-105. All registration information will be entered into our system by our Counseling Administrative Assistant, Ms. Michele Papa. Then, families will make a scheduling appointment with their counselor. We approach our counseling philosophy in a distinct manner: all freshman are assigned to our Freshman Transition Counselor and upon moving into sophomore year, through senior year, students are assigned one counselor by their last names. This approach enables counselors to develop a relationship, over time, with their students and their families. Please be aware that immunization records are reviewed by our School Nurse, Ms. Sharon Garnier. Students transferring from out-of-state or international locations are responsible for ensuring proper immunizations: http://www.state.nj.us/education/students/safety/health/cdpr/immune/

When preparing for the scheduling conferences, please bring a copy of the most recent report card/unofficial transcript and any state test data which will assist counselors with the appropriate academic placement. Likewise, if your child requires medication during the school day or has emergency rescue medication e.g. an inhaler for asthma or has an epi pen to please contact the school nurse for the appropriate forms. Ms. Garnier can be reached at 856-429-3960 x-144

HADDONFIELD PUBLIC SCHOOLS

REGISTRATION FORM

***Office use only*:**
Date:_____ Anticipated Start Date:_____ Registrar's Initials:_____

Documents: BC_____ Immunizations _____Physical_____ Records/Report Card_____

Residency Verification_____ ESL/ELL_____ SpecialEducation/504_____

STUDENT INFORMATION:

Name of Student:_____
(Last Name) (First) (Middle Initial)

Student's Physical Address:_____
(House/Apt.No) (Street Name) (Town) (State) (Zip Code)

Student's Mailing Address:_____
(If different from above) (House/Apt. No/P.O. Box) (Street Name) (Town) (State) (Zip Code)

Home Telephone #: (____)_____ Sex:_____(M/F) Date of Birth:_____

Place of Birth:_____
(City/Town) (State) (County)

HOME LANGUAGE:

Foreign Students Only – Date of Student's **Entry** into the United States:_____Date of Student's **Entry** into United States' School System_____
RACE: (_____White), (_____Black), (_____Hispanic), (_____Asian), (_____American Indian/Alaskan), (_____Hawaiian Native/Other Pacific Islander)

Language Spoken at Home (Specify if other than English)	**English is spoken & understood by the consenting adult enrolling the student. Yes:_____No:_____**

EMERGENCY & FAMILY CONTACT:

Father/Guardian
Name:_____
Physical Address:_____
City:_____State_____Zip_____
Cell Phone #: (_____)_____
Work #:(_____)_____
Email:_____

Mother/Guardian
Name:_____
Physical Address:_____
City:_____State_____Zip_____
Cell Phone #: (____)_____
Work #: (____)_____
Email:_____

Name of Person enrolling Student:_____
Cell Phone #: (____)_____

Relationship to Student:_____
Work #: (____)_____

Emergency Contact:_____Relation to student_____Phone #: (____)_____
Emergency Contact:_____Relation to student_____Phone #: (____)_____

Has your child ever attended Haddonfield Schools before? Yes_____No_____ If yes, please indicate which school:_____
In the event by child transfers to or from the district, I authorize my previous district or the Haddonfield School District to release permitted records to the administrative officials of the school within 10 days after the transfer has been verified by the present district. I acknowledge that mandated student records will be forwarded to the administrative officials of the school in a similar manner.

X_____
Signature of Consenting Adult

MEDIA RELEASE
I hereby ( ) grant ( ) I do not grant permission for my child to be photographed and/or appear in media coverage approved by the Haddonfield Public Schools.

X_____
Signature of Parent

NOTE: As required by law, all students entering the district schools for the first time MUST HAVE A LICENSED PHYSICAN ATTEST TO THE STUDENT'S PHYSICAL CONDITION AND COMPLETE THE IMMUNIZATION INFORMATION ON THE MEDICAL FORM. Students will not be permitted to attend school without up-to-date immunization records, physical and Mantoux Tuberculin Test, if applicable (out of state/country)

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

Preliminary Information for Student Registration

Please Read Before Proceeding

The information provided in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of home or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:28-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

Note that the following do not affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition bases in the United States public secondary school

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

- Absence of a certified copy of birth certificate or other proof or a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A:36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

Property tax bills, deeds, contracts of sale, leases, mortgages, signed letter from landlords and other evidence or property ownership, tenancy or residency

Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location

Court orders, State agency agreements and other evidence of court or agency placement or directives

Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support the student

Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residence

Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian person keeping an "affidavit student," adult student, person(s) who whom a family is living or others as appropriate

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school.

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible.

If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal. State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by contacting the Office of the Superintendent.

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

HADDONFIELD MEMORIAL HIGH SCHOOL NEW STUDENT REGISTRATION CHECKLIST

NAME: _____ DATE: _____

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in Haddonfield Memorial High School

A. PROOF OF RESIDENCY – two proofs are required, inclusive of, but not limited to

- Tax bill
- Mortgage or settlement papers
- Lease agreement (naming parent/child)
- Utility Bill (gas/electric/sewer/water/telephone)
- Voter Registration Card

B. DOCUMENTATION OF RELATIONSHIP TO STUDENT (as appropriate)

- Birth Certificate
- Court documentation demonstrating custody
- Foster Parent (State Agency Documentation)

C. DOCUMENTATION OF GRADE PLACEMENT

a. Most recent report card
b. Copy of unofficial transcript
c. Copy of standardized test score reports
d. Copy of transfer card, if applicable

D. PHYSICAL EXAMINATION FORM AND IMMUNIZATION RECORD

a. Completed and signed by child's physician
b. Current copy of immunizations
    i. See attached

E. OTHER DOCUMENTATION, IF RELEVANT

a. Current IEP
b. Current 504 Plan
c. Other
d. Free and Reduced Lunch Application, if necessary
e. McKinney-Vento Education Program Application, if necessary

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/
Supervisor of Counseling

GENESIS PARENT PORTAL

Our Genesis Parent Portal is open for all parents and students. To receive an e-mail containing your child's password, please complete the bottom of this form and return it to the high school during the registration process. HMHS Counseling Secretary, Ms. Michele Papa will create a Genesis log-in and password. You will receive a follow-up email with the information necessary to access the portal.

- -

Please Print Clearly

Parent/Guardian Name: ____

Parent/Guardian email address: ____

Parent/Guardian Phone Number: ____

Student 1: ____

Student 2: ____

Student 3: ____

I certify that I am the legal guardian of the children named above and wish to gain access to the Genesis Parent Portal.

Parent/Guardian Signature: ______________________________ Date: ____________

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

HMHS Student Registration Form – RESIDENCY STATUS

Student's Name: _____School _____Grade_____

In accordance with New Jersey State Law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district in addition to addressing the McKinney-Vento Act.

Your answers will help determine if the student is eligible for additional services

Please indicate which of the following situations best describes the student's residence for the current school year: This information is kept confidential

1. _____ I am in my own residence: Please Circle one: Rent or Own (A)

2. _____ Lives with Family/ Friend's home by choice (relationship) _____ (explain circumstances under "other") (B) (C)

3._____ Hotel/ Motel/ Car/ RV/ Campground (circle one)

4._____ Home for Adolescent School-Age Mothers

5. _____ Transitional Housing

6. _____ Resides in sub-standard housing, such as an abandoned building

7. _____ Migrant family dwelling

8. _____ Shelter: Domestic Violence Shelter / Runaway/Youth Shelter (circle one)

9. _____ Waiting for house to be built

10. _____ Previous home is uninhabitable due to fire, water, wind or smoke damage

11. _____ Student is a dependent of a Parent/Guardian who was ordered to active service duty, resulting in relocation of the student to Haddonfield Borough. (Military/Reserves/Guard)

12. _____ Foster Placement or Therapeutic Treatment Home by DCPP, Court ordered or a similar agency (documentation/court orders must be provided at registration)

13. _____ Relinquishment of student to Haddonfield Borough/Resident due to Financial Hardship

14. _____ Other: Please explain

_____

_____

Prior School Attended_____

Prior Residence _____

Current Phone_____

City _____State _____Zip _____

ELIGIBILITY TO ATTEND SCHOOL IS SUBJECT TO REVIEW AND RE-EVALUATION. THERE IS POTENTIAL FOR ASSESSMENT OF TUITION IN THE EVENT THAT AN INITIALLY ADMITTED APPLICANT IS LATER FOUND INELIGIBLE.

Haddonfield School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in transfer of student to domicile school and/or other penalties as required by law. Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A.18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to $1,000.00 and/or be imprisoned for up to 6 months. Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of $10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

_____ _____

Signature of Parent or Guardian Date

_____

Printed Name of Parent or Guardian

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

HMHS Student Registration Form – RESIDENCY STATUS

Student's Name: _____School _____Grade_____

In accordance with New Jersey State Law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district in addition to addressing the McKinney-Vento Act.

Your answers will help determine if the student is eligible for additional services

Please indicate which of the following situations best describes the student's residence for the current school year: This information is kept confidential

1. ☐ I am in my own residence: Please Circle one: Rent or Own (A)

2. ☐ Lives with Family/ Friend's home by choice (relationship) _____ (explain circumstances under "other") (B) (C)

3. ☐ Hotel/ Motel/ Car/ RV/ Campground (circle one)

4. ☐ Home for Adolescent School-Age Mothers

5. ☐ Transitional Housing

6. ☐ Resides in sub-standard housing, such as an abandoned building

7. ☐ Migrant family dwelling

8. ☐ Shelter: Domestic Violence Shelter / Runaway/Youth Shelter (circle one)

9. ☐ Waiting for house to be built

10. ☐ Previous home is uninhabitable due to fire, water, wind or smoke damage

11. ☐ Student is a dependent of a Parent/Guardian who was ordered to active service duty, resulting in relocation of the student to Haddonfield Borough. (Military/Reserves/Guard)

12. ☐ Foster Placement or Therapeutic Treatment Home by DCPP, Court ordered or a similar agency (documentation/court orders must be provided at registration)

13. ☐ Relinquishment of student to Haddonfield Borough/Resident due to Financial Hardship

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

14. _☐__ Other: Please explain

_____

_____

Prior School Attended_____

Prior Residence _____

Current Phone_____

City _____State _____Zip _____

ELIGIBILITY TO ATTEND SCHOOL IS SUBJECT TO REVIEW AND RE-EVALUATION. THERE IS POTENTIAL FOR ASSESSMENT OF TUITION IN THE EVENT THAT AN INITIALLY ADMITTED APPLICANT IS LATER FOUND INELIGIBLE.

Haddonfield Memorial School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in transfer of student to domicile school and/or other penalties as required by law. Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A.18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to $1,000.00 and/or be imprisoned for up to 6 months. Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of $10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

_____ _____

Signature of Parent or Guardian **Date**

_____

Printed Name of Parent or Guardian

Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

Charles E. Klaus
Principal

Kathryn M. Mele
Assistant Principal for Student Achievement

Tracy A. Matozzo
Dean of Student Life/ Supervisor of Counseling

Dear Parents:

Students often complain of headache, muscle aches, colds, menstrual cramps etc. during school hours and request Ibuprofen or Tylenol. Often after the nurse assesses his/her complaint, relieves it as requested, and provides a few minutes of rest, students are able to comfortably resume their course of studies. When students are unable to receive Ibuprofen or Tylenol from an appropriate source (the school nurse), they may turn to friends for whatever medicinal help they have available. This is a violation of the Haddonfield School District's medication policy, and we wish to discourage this practice.

Please complete and sign this form where indicated and have it **CO-SIGNED BY YOUR FAMILY DOCTOR** with the dosage filled in. This permission or denial will remain in effect throughout the school year unless we are subsequently notified by you or your physician to rescind or change it.

I request that my student _____
(please print student's name)
(be given) - (not be given) either Acetaminophen (generic tylenol) or Ibuprofen for the usual reasons listed above. **(circle one)**
His or Her known allergies are: _____

_____
(Parent/Guardian signature) (Date) (Relationship to student)

PHYSICIAN STATEMENT:

I am aware of no medical reason to preclude this student from receiving Ibuprofen or Acetaminophen **(circle one)** requested by his/her parent. Please administer the aforementioned medication _____ as requested by the student's
(dosage)
parents for conditions listed above, in the absence of any other symptoms.

_____
(Doctor's Signature) (Doctor's Name - please print) (Date)

****Please note: A stamped signature or office staff signature with initials is not acceptable.***

Bring your own device…

- ✓ Smartphones, cellular phones
- ✓ iPads, tablets, MacBooks, ChromeBooks, laptops
- ✓ Students must adhere to the Acceptable Use Policy
- ✓ Follow Us on Twitter: @HaddonfieldHS, @HMHSCounseling, @HMHSathletics, @HMHSDrama, @HMHSStudentCouncil

General Notes

Students are responsible for their own devices at all times.

While information technology and applications that have a relevant and pertinent use might be required for some assessments and instructional design, unless otherwise directed, personal electronic devices should be silenced and put away for the duration of a class period, especially during a quiz, test, exam, or other assessment. Students who are using devices during an assessment may compromise the integrity of their assessments.

Cyber-bullying is not tolerated. Acts of harassment, intimidation, or bullying may also demonstrate a pupil exercising power and control over another pupil, either in isolated incidents (e.g., intimidation, harassment) or patterns of harassing or intimidating behavior (e.g., bullying) through personal devices. “Electronic communication” means a communication transmitted by means of an electronic device, including, but not limited to: a telephone, cellular phone, computer, or pager or via social media.

Please refer to The Student Handbook to review disciplinary code and consequences.

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☐ No☐
7. Been hospitalized or had to go to the emergency room? Yes☐ 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

HADDONFIELD PUBLIC SCHOOLS ATHLETIC EMERGENCY INFORMATION

Student's Name: _____ Birth Date: _____

Parent/Guardian: _____ Phone #: _____ H#

_____ W#

_____ other#

Address: _____

Allergies to food and/or drugs: _____

Known medical problems: _____

List Medications: _____

If you are uninsured, can someone contact you about family care? YES ☐ NO ☐

Health insurance: _____ ID #: _____

Emergency contacts, other than parent/guardian. MUST HAVE TRANSPORTATION.

1. _____ Home#: _____ Work#: _____

2. _____ Home#: _____ Work#: _____

Date: _____ Parent/Guardian Signature: _____

Sport: _____ Grade _____

Office Use Only

Medical Quest Y☐ N☐ GPA____ Credits ____

Physical Date_____ Eligible? Y☐ N☐

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

_____

_____

_____

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 _____

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.

	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 _____

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

NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practician 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 _____

Date of Exam: _____

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).

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		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]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 _____

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 _____

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