Dear potential Student-Athlete & Parent/Guardian,

You have been identified as a possible participant for our athletic program. All student-athletes must complete the following procedure prior to participating on an interscholastic athletic team. Completed forms can be submitted to the Health Office, any time during normal school hours.

**Please note:** All forms have been recently updated by the New Jersey Department of Education

1. Have a recent medical physical examination completed by a healthcare provider using the approved district form [Physical Examination Form (page 4) and Clearance Form (page 5)]. Medical provider must complete (sign and stamp) page 5 - Cardiac Module sign-off

2. Complete a Pre-Participation Physical Evaluation Health History Questionnaire using the approved district form provided, complete with signatures (page 2). The Athlete with Special Needs: Supplemental History Form (page 3) should only be completed when applicable.

3. Return the completed and signed A) Sudden Cardiac Death & Concussion “Right to Know” (page 6) and B) Use and Misuse of Opioid Drugs Fact Sheet (page 7) and C) NJSIAA Steroid testing (page 8).

4. Return all the completed and signed Medical Release forms to the School Health Office.

Due to changes in the New Jersey Administrative Code, a physical examination performed by your own healthcare provider is recommended. If your family does not have a healthcare provider or if you selectively choose, the district physician will perform the physical examination. The form located below, must be filled out completely and returned to the Health Office as soon as possible.

If you have any questions, please contact the athletic office at (973) 389-4141/4106 or the school Health Office at (973) 389-2035.

Respectfully,
Nic Nese, CAA
Director of Athletics

<table>
<thead>
<tr>
<th>Athletic Physical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Name:</td>
</tr>
<tr>
<td>ID#:</td>
</tr>
</tbody>
</table>

I grant permission for the athletic physical to be done by the district physician.

Signature of Parent: __________________________ 
Date: __________________________

I wish to participate in __________________________, I hereby give my consent for my son/daughter to participate in the above sponsored interscholastic athletic event sponsored by the Passaic County Technical Institute Board of Education. Realizing that such activity involves the potential for injury, which is inherent in all sports, I acknowledge that even with the most advanced protective measures and strict observation of rules, injuries may occur.

Signature of Parent: __________________________ 
Date: __________________________
# 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 copy of this form in the chart.)

## Date of Exam

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Medical History Form

**Medications and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbals and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Medications</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. Has a doctor ever denied or restricted your participation in sports for any reason? [ ] Yes [ ] No
2. Do you have any medical condition or disease, such as asthma, allergies, diabetes, or high blood pressure? [ ] Yes [ ] No
3. Have you ever had surgery? [ ] Yes [ ] No
4. Have you ever had a heart problem? [ ] Yes [ ] No

### Heart Health Questions

5. Have you ever passed out or felt faint during or after exercise? [ ] Yes [ ] No
6. Have you ever had chest pain, tightness, or pressure in your chest during exercise? [ ] Yes [ ] No
7. Does your heart rate increase or decrease during exercise? [ ] Yes [ ] No
8. Has a doctor ever told you that you have a heart problem? [ ] Yes [ ] No
9. Has a doctor ever ordered a test for your heart? (Example: EKG, echocardiogram) [ ] Yes [ ] No
10. Do you have shortness of breath while exercising? [ ] Yes [ ] No
11. Have you ever had an unexplained heart murmur? [ ] Yes [ ] No
12. Do you have any family history of heart disease? [ ] Yes [ ] No

### 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? [ ] Yes [ ] No
14. Are you aware of any family history of heart disease? [ ] Yes [ ] No
15. Have you ever had an injury that required medical attention? [ ] Yes [ ] No
16. Have you ever had a fracture, dislocation, or dislocated joint? [ ] 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 practice or a game? [ ] Yes [ ] No
18. Have you ever had any broken or dislocated bones or dislocated joints? [ ] Yes [ ] No
19. Have you ever had an injury that required medical attention? [ ] Yes [ ] No
20. Have you ever had a strain or sprain? [ ] Yes [ ] No
21. Have you ever had a fracture? [ ] Yes [ ] No
22. Have you ever had an injury that required medical attention? [ ] Yes [ ] No
23. Have you ever had a dislocation? [ ] Yes [ ] No
24. Have you ever had an injury that required medical attention? [ ] Yes [ ] No
25. Have you ever had an injury that required medical attention? [ ] Yes [ ] No

### Medical Questions

26. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
27. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
28. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
29. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
30. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
31. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
32. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
33. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
34. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
35. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
36. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
37. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
38. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
39. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
40. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
41. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
42. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
43. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
44. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
45. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
46. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
47. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
48. Do you have a history of seizures or epilepsy? [ ] Yes [ ] No
49. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
50. Have you ever had a heart attack or other serious cardiac condition? [ ] Yes [ ] No
51. Do you have any concerns that you would like to discuss with a doctor? [ ] Yes [ ] No

### Females Only

52. Have you ever had a menstrual period? [ ] Yes [ ] No
53. How old were you when you had your first menstrual period? [ ] Yes [ ] No
54. How many periods have you had in the last 12 months? [ ] Yes [ ] No

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 parent: [ ]

Signature of participant: [ ]

Date: [ ]

---

# Preparticipation Physical Evaluation

## The Athlete with Special Needs: Supplemental History Form

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Date of birth</th>
<th>Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accidental/injury, other)
5. List the sports you are interested in playing

6. Do you regularly use a brace, assistive device, or prosthesis?
7. Do you use any special brace or assistive device for sports?
8. Do you have any family medical 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 symptoms?
14. Have you ever been diagnosed with a heat-related illness or cold-related illness?
15. Do you have muscle spasticity?
16. Do you have frequent episodes 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></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discolored joints more than one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged sinuses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphoresis or collesuspondens</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

---

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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Preparticipation Physical Evaluation Form

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 neighborhood?
   * Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   * During the past 30 days, did you use any other substance?
   * Have you ever taken anabolic steroids or any other performance supplement?
   * Have you ever taken any medications or 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>Height</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
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<tr>
<td>L 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL

Appearance
- Marfan syndrome
- Hypertension
- Heart murmur
- Clubfoot
- Syncope
- Finger clubbing
- Pectus excavatum
- Clubfoot
- Clubhand
- Cerebral palsy
- Down syndrome
- Autism spectrum disorder
- Chronic lung disease
- Other

Musculoskeletal
- Fainting
- Fractures
- Arthritis
- Scoliosis
- Hemiplegia
- Other

Neurological
- Seizures
- Dizziness
- Other

EXAMINATION

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. 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 fully explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type):

Signature of physician, APN, PA:


New Jersey Department of Education 2014. Pummel to P.U. 2013, e.71
COMPLETED BY DOCTOR

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 sport(s)
☐ For certain sport(s)
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
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

NJSIAA PARENT/GUARDIAN
CONCUSSION POLICY ACKNOWLEDGMENT FORM

By signing below, we confirm to have read and understand the NJSIAA Concussion Policy and will follow the policy to the best of our ability.

Signature of Student-Athlete ______________________
Print Student-Athlete’s Name _____________________ Date ____________

Signature of Parent/Guardian _____________________
Print Parent/Guardian’s Name ____________________ Date ____________

Please return this page only to your coach at PCTI to be kept on file at the school.
Do not return to the NJSIAA. Thank you.
Passaic County Vocational Schools Athletic Department

45 Reinhardt Rd. • Wayne, New Jersey 07470
Phone: 973-389-4106
Fax: 973-389-7222
email: nnese@pcti.tec.nj.us

Use and Misuse of Opioid Drugs Fact Sheet
Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete’s or cheerleader’s first official practice of the school year.

PCTVS Athletic Department

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: ____________________________

Parent/Guardian Signature (also needed if student is under age 18): ____________________________

Date: ____________________________
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.

Athletes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes or parents may login to the NJSIAA account at www.dfsaxis.com using the password “njsports”.

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
Banned Substances 2023-2024

It is the student athlete’s responsibility to check with the appropriate or designated athletic staff before using any substance.

The NJSIAA bans the following drug classes:

1. Stimulants
2. Anabolic agents
3. Beta-blockers
4. Diuretics and other masking agents
5. Narcotics
6. Cannabinoids
7. Peptide hormones, growth factors, related substances and mimetics
8. Hormone and metabolic modulators
9. Beta-2 agonists

Note: Any substance chemically/pharmacologically related to any of the classes listed above and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g., drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is also banned. All drugs within the banned-drug class shall be considered to be banned regardless of whether they have been specifically identified. There is no complete list of banned substances.

Substances and Methods Subject to Restrictions:

2. Local anesthetics (permitted under some conditions).
3. Manipulation of urine samples.
4. Beta-2 agonists (permitted only by inhalation with prescription).
5. Tampering of urine samples.

NJSIAA Nutritional/Dietary Supplements:

Before consuming any nutritional/dietary supplement product, review the product and its label with your school’s athletics department staff.

1. Many nutritional/dietary supplements are contaminated with banned substances not listed on the label.
2. Nutritional/dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test.
3. Student-athletes have tested positive and lost their eligibility using nutritional/dietary supplements.
4. Any product containing a nutritional/dietary supplement ingredient is taken at your own risk.

Athletics department staff should consider providing information to student-athletes about supplement use and the importance of having nutritional/dietary products evaluated by qualified staff members before consumption. The NJSIAA has identified Drug Free Sport AXIS™ (AXIS) as the service designated to facilitate student-athletes and schools review of label ingredients in medications and nutritional/dietary supplements. Contact AXIS at 816-474-7321 or axis.drugfreesport.com (password: njsports).
There is no complete list of banned substances. The following are some examples of substances in each of the banned drug classes. Do not rely on this list to rule out any labeled ingredient. Any substance that is chemically/pharmacologically related to one of the below classes, even if it is not listed as an example, is also banned.

1. **Stimulants**
   - Amphetamine (Adderall)
   - Caffeine (Guarana)
   - Cocaine
   - Dimethylbutylamine (DMBA; AMP)
   - Dimethylhexylamine (DMHA; Octodrine)
   - Ephedrine
   - Heptaminol
   - Hordenine
   - Methamphetamine
   - Methylhexanamine (DMAA; Forthane)
   - Methylphenidate (Ritalin)
   - Mephedrone (bath salts)
   - Modafinil
   - Octopamine
   - Phenethylamines (PEAs)
   - Phentermine
   - Synephrine (bitter orange)

   Exceptions: Phenylephrine and Pseudoephedrine are not banned.

2. **Anabolic Agents**
   - Androstenedione
   - Boldenone
   - Clenbuterol
   - DHCMT (Oral Turinabol)
   - DHEA (7-Keto)
   - Drostanolone
   - Epitrenbolone
   - Etiocholanolone
   - Methandienone
   - Methasterone
   - Nandrolone
   - Norandrostenedione
   - Oxandrolone
   - SARMS [Ligandrol (LGD-4033); Ostarine; RAD140; S-23]
   - Stanozolol
   - Stenbolone
   - Testosterone
   - Trenbolone

3. **Beta Blockers**
   - Atenolol
   - Metoprolol
   - Nadolol
   - Pindolol
   - Propranolol
   - Timolol

4. **Diuretics and Masking Agents**
   - Bumetanide
   - Chlorothiazide
   - Furosemide
   - Hydrochlorothiazide
   - Probenecid
   - Spironolactone (canrenone)
   - Triamterene
   - Trichlormethiazide

   Exceptions: Finasteride is not banned

5. **Narcotics**
   - Buprenorphine
   - Dextromoramide
   - Diamorphine (heroin)
   - Fentanyl, and its derivatives
   - Hydrocodone
   - Hydromorphone
   - Methadone
   - Morphine
   - Nicomorphine
   - Oxycodone
   - Oxymorphine
   - Pentazocine
   - Pethidine
6. **Cannabinoids**

<table>
<thead>
<tr>
<th>Marijuana</th>
<th>Tetrahydrocannabinol (THC, Delta-8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthetic cannabinoids (Spice; K2; JWH-018; JWH-073)</td>
<td></td>
</tr>
</tbody>
</table>

7. **Peptide Hormones, growth factors, related substances, and mimetics**

<table>
<thead>
<tr>
<th>Growth hormone (hGH)</th>
<th>IGF-1 (colostrum; deer antler velvet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Chorionic Gonadotropin (hCG)</td>
<td></td>
</tr>
<tr>
<td>Erythropoietin (EPO)</td>
<td>Ibutamoren (MK-677)</td>
</tr>
</tbody>
</table>

Exceptions: Insulin, Synthroid, and Forteo are not banned.

8. **Hormone and Metabolic Modulators**

| Anti-Estrogen (Fulvestrant)    |                                      |
|--------------------------------|                                      |
| Aromatase Inhibitors [Anastrozole (Arimidex); ATD (androstatrienedione); Formestane; Letrozole] |                                    |
| PPAR-d [GW1516 (Cardarine); GW0742] |                                      |
| SERMS [Clomiphene (Clomid); Raloxifene (Evista); Tamoxifen (Nolvadex)] |                                    |

9. **Beta-2 Agonists**

<table>
<thead>
<tr>
<th>Bambuterol</th>
<th>Norcoclaureine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formoterol</td>
<td>Salbutamol</td>
</tr>
<tr>
<td>Higenamine</td>
<td>Salmeterol</td>
</tr>
</tbody>
</table>
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 a bump on the head can 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.

<table>
<thead>
<tr>
<th>Symptoms may include one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Headache.</td>
</tr>
<tr>
<td>2. Nausea/vomiting.</td>
</tr>
<tr>
<td>3. Balance problems or dizziness.</td>
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<tr>
<td>4. Double vision or changes in vision.</td>
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<tr>
<td>5. Sensitivity to light or sound/noise.</td>
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<tr>
<td>6. Feeling of sluggishness or fogginess.</td>
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<tr>
<td>7. Difficulty with concentration, short-term memory, and/or confusion.</td>
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<tr>
<td>8. Irritability or agitation.</td>
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<tr>
<td>9. Depression or anxiety.</td>
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<tr>
<td>10. Sleep disturbance.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Signs observed by teammates, parents and coaches include:</th>
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<tbody>
<tr>
<td>1. Appears dazed, stunned, or disoriented.</td>
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<td>2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)</td>
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<tr>
<td>3. Exhibits difficulties with balance or coordination.</td>
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<td>4. Answers questions slowly or inaccurately.</td>
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<td>5. Losses consciousness.</td>
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<td>6. Demonstrates behavior or personality changes.</td>
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<td>7. Is unable to recall events prior to or after the hit.</td>
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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 underreport symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s 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 is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

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/

www.nfhslearn.com
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden 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.
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 are:

- 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 AED use present at practices and games;
- Have coaches and athletic trainers trained in basic life support techniques (CPR); and
- Call 911 immediately while someone is retrieving the AED.
School athletics can serve an integral role in students’ development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller. It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.

This educational fact sheet, created by the New Jersey Department of Education as required by state law (N.J.S.A. 18A:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

How Do Athletes Obtain Opioids?
In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician’s supervision), and 83 percent of adolescents had unsupervised access to their prescription medications. It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

What Are Signs of Opioid Use?
According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied. In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete’s decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening, such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment [SBIRT]) offered through the New Jersey Department of Health.

What Are Some Ways Opioid Use and Misuse Can Be Prevented?
According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripkak, D.O., “Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers.”

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor’s instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- Tramadol, a non-opioid analgesic in the serotonin uptake inhibitor category, is a good choice should the previously listed options be insufficient to relieve pain.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time.
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location, and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.
Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.5

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.6

What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:

PREPARE Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.

CONDITIONING Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.

PLAY SMART Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.

ADEQUATE HYDRATION Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.

TRAINING Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.

REST UP Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.

PROPER EQUIPMENT Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

New Jersey Department of Human Services, Division of Mental Health and Addiction Services has a mission to decrease the abuse of alcohol, tobacco and other drugs by supporting the development of a comprehensive network of prevention, intervention and treatment services in New Jersey.
New Jersey Prevention Network includes a parent’s quiz on the effects of opioids.
Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.
Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.
Partnership for a Drug Free New Jersey is New Jersey’s anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.
ReachNJ provides information for parents and families, including addiction and treatment stories.
The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.
Youth IMPACTing NJ is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

References
1. Massachusetts Technical Assistance Partnership for Prevention
2. Centers for Disease Control and Prevention
3. New Jersey State Interscholastic Athletic
4. National Institute of Arthritis and Musculoskeletal and Skin Diseases
5. USA TODAY
6. American Academy of Pediatrics

An online version of this fact sheet developed in January 2018 is available on the New Jersey Department of Education’s Alcohol, Tobacco, and Other Drug Use webpage.
Passaic County Technical Institute
School Health Services
45 Reinhardt Road Wayne, NJ 07470
Telephone: (973) 389-4225/2035/7218/4145/4226/4169
Fax: (973) 389-4125

Date________________

Dear Parent/Guardian,

This letter serves as written notification that your son/daughter ________________________ can/cannot (circle one) participate in sports according to State Code – N.J.A.C. 6A:16-2.2. Please be advised that this letter reflects the recommendation of the examining physician who completed and signed the Preparticipation Physical Evaluation Form submitted to the school. If your child is deemed unable to participate based on a physician’s findings, please ensure that your Primary Care Provider completes the forms and that you return them to the School Nurse for review of eligibility.

Thank you.

Anthony Ventimiglia, MD
PCTI School Physician