



State of New Jersey

DEPARTMENT OF EDUCATION

PO Box 500

TRENTON, NJ 08625-0500

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

BRET SCHUNDLER
Commissioner

**NOTE: NEW FORM
BEGIN USING FORM May 1, 2010**

Broadcast #3

April 15, 2010

TO: District Superintendents
Charter School Leaders
Nonpublic School Directors

SUBJECT: Required Pre-participation Physical Form

DISTRIBUTE TO: Principals
School Nurses
Athletic Director
Other staff as appropriate

TOTAL PAGES: 2

CONTACT: doenurse@doe.state.nj.us



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April 14, 2010

TO: Chief School Administrators/Charter School Lead Persons
Nonpublic School Administrators

FROM: Barbara Gantwerk, Assistant Commissioner
Division of Student Services

SUBJECT: Required Pre-Participation Physical Form

Based on feedback from school nurses, physicians, and other healthcare providers, the required Annual Athletic Pre-Participation Physical Examination Form has been modified. The content of the physical examination and health history found in Part A has not been changed. Part B has been reorganized to improve clarity and a section on parent notification has been added.

Please note that the examining physician (i.e., the student's personal physician or other appropriately licensed healthcare provider or the school physician) must date and sign the completed form on Part B-Page 4 in the section entitled: "History Reviewed and Student Examined By." In the section "Reserved for School District Use," the form has been revised to include a place for the school nurse or the school physician to sign indicating that he/she has reviewed the history and physical. In addition, the revised form includes space to note the date of the parent notification of the student's participation status and the reasons for that status. The space has been provided to maintain an electronic record of the notification. If the form is maintained in a paper format, the notification letter can be attached to the physical form and kept in the student's health file.

This section reflects the determination of the school physician based on the information provided by the examining physician or other appropriate healthcare provider. The school physician is required to notify the parent/guardian, in writing, of the student's participation status. The school physician is only required to sign this form if he/she is the examining physician or if he/she conducts the review on Part B-Page 4 in place of the school nurse.

The revised form will be available at: <http://www.nj.gov/education/students/safety/policy/>. This form is required by N.J.A.C. 6A:16-2.2(g) and described in detail in N.J.A.C. 6A:16-2.2(h)1. It may not be altered except to add a school or district name to the form and it replaces the 2007 form. To ensure consistency, please begin using this form for all pre-participation physicals conducted beginning **May 1, 2010**.

Please share this information with school nurses and athletic directors to ensure that the proper form is used for the next sport season.

Should you have questions about athletic physical pre-participation requirements, please email doenurse@doe.state.nj.us.

BG/SM

c: Commissioner Bret Schundler
Willa Spicer
Rochelle Hendricks
Susan Martz
Ken Figgs
Linda Morse
Executive County Superintendents
LEE Group
Garden State Coalition
Steve Timko, NJSIAA