

# REGULATION

## BERNARDS TOWNSHIP BOARD OF EDUCATION

PROGRAM

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### MEDICAL EXAMINATION PRIOR TO PARTICIPATION ON A SCHOOL- SPONSORED INTERSCHOLASTIC OR INTRAMURAL TEAM OR

#### R 2431.2 MEDICAL EXAMINATION PRIOR TO PARTICIPATION ON A SCHOOL- SPONSORED INTERSCHOLASTIC OR INTRAMURAL TEAM OR SQUAD(M)

##### **M**

**A.**—Students are required to receive medical examinations in accordance with the provisions of N.J.S.A. 18A:40-4**1.7** and N.J.A.C. 6A:16-2.2(f) **and (h)**. Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility.

The school district shall ensure students receive medical examinations in accordance with N.J.A.C. 6A:16-2.2(**h**f) and prior to participation on a school-sponsored interscholastic or intramural team or squad for students in grades six through twelve.

##### **A†. Required Medical Examination**

**1a.** The examination shall be conducted within 365 days prior to the first day of official practice in an athletic season and shall be conducted by a licensed physician, advanced practice nurse (APN), or physician assistant (PA).

**2b.** The physical examination shall be documented using the Preparticipation Physical Evaluation (PPE) form developed jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine and is available online at, <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>, in accordance with N.J.S.A. 18A:40-41.7.

**a.(1)** Prior to performing a preparticipation physical examination, the licensed physician, APN, or PA who performs the student-athlete's physical examination shall complete the Student-Athlete Cardiac Screening professional development module and shall sign the certification statement on the PPE form attesting to the completion, pursuant to N.J.S.A. 18A:40-41.d.

**(1a)** If the PPE form is submitted without the signed certification statement and the school district has confirmed



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that the licensed physician, APN, or PA from the medical home did not complete the module, the student-athlete's parent may obtain a physical examination from a physician who can certify completion of the module or request that the school physician provides the examination.

**b.(2)** The medical report shall indicate if a student is allowed or not allowed to participate in the required sports categories and shall be completed and signed by the original examining physician, APN, or PA.

**c.(3)** An incomplete form shall be returned to the student's medical home for completion unless the school nurse can provide documentation to the school physician that the missing information is available from screenings completed by the school nurse or physician within the prior 365 days.

**3e.** Each student whose medical examination was completed more than ninety days prior to the first day of official practice in an athletic season shall provide a health history update questionnaire completed and signed by the student's parent. The completed health history update questionnaire shall include information listed below as required by N.J.S.A. 18A:40-41.7.b. The completed health history update questionnaire shall be reviewed by the school nurse and, if applicable, the school athletic trainer and shall include information as to whether, in the time period since the date of the student's last preparticipation physical examination, the student has:

**a.(1)** Been advised by a licensed physician, APN, or PA not to participate in a sport;

**b.(2)** Sustained a concussion, been unconscious, or lost memory from a blow to the head;

**c.(3)** Broken a bone or sprained, strained, or dislocated any muscles or joints;

**d.(4)** Fainted or blacked out;

**e.(5)** Experienced chest pains, shortness of breath, or heart racing;



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- ~~f.(6)~~ Had a recent history of fatigue and unusual tiredness;
- ~~g.(7)~~ Been hospitalized, visited an emergency room, or had a significant medical illness;
- ~~h.(8)~~ Started or stopped taking any over the counter or prescribed medications; or
- ~~i.(9)~~ Had a sudden death in the family, or whether any member of the student's family under the age of fifty has had a heart attack or heart trouble.

~~4d.~~ The school district shall provide to the parent written notification signed by the school physician stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation.

~~5e.~~ The Board of Education will not permit a student enrolled in grades six to twelve to participate on a school-sponsored interscholastic or intramural team or squad unless the student submits a PPE form signed by the licensed physician, APN, or PA who performed the physical examination and, if applicable, a completed health history update questionnaire, pursuant to N.J.S.A. 18A:40-41.7.c.

#### **B. Sudden Cardiac Arrest Pamphlet**

~~f.~~—The school district shall distribute to a **student participating in or desiring to participate in an athletic activity** ~~student-athlete~~ **and the student's and his or her parent, each year and prior to participation by the student in an athletic activity,** the sudden cardiac arrest pamphlet developed by the Commissioner of Education, ~~in consultation with the Commissioner of Health, the American Heart Association, and the American Academy of Pediatrics,~~ pursuant ~~to~~ **in accordance with the provisions of** N.J.S.A. 18A:40-41.

~~1.(1)~~—A ~~student-athlete~~ and his or her parent ~~annually~~ shall, **each year and prior to the participation of the student in an athletic activity,** sign **and return to the student's school** the **form developed by the Commissioner developed form acknowledging the receipt and review of** that ~~they received and reviewed~~ the **information** pamphlet, ~~and shall return it to the student's school~~ pursuant to N.J.S.A. 18A:40-41.d.



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~~(2) — The Commissioner shall update the pamphlet, as necessary, pursuant to N.J.S.A. 18A:40-41.b.~~

~~2.~~<sup>(3)</sup> The Commissioner shall distribute the pamphlet, at no charge, to all school districts and nonpublic schools, pursuant to N.J.S.A. 18A:40-41.b.

**3. “Athletic activity” for the purposes of N.J.S.A. 18A:40-41 means: interscholastic athletics; an athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school district or nonpublic school, including cheerleading and club-sponsored sports activities; and any practice or interschool practice or scrimmage for those activities.**

#### **C. Use and Misuse of Opioid Fact Sheet**

**The school district shall annually distribute to the parents of student-athletes participating in an interscholastic sports program or cheerleading program the educational fact sheet developed by the Commissioner of Education concerning the use and misuse of opioid drugs in the event that a student-athlete or cheerleader is prescribed an opioid for a sports-related injury in accordance with the provisions of N.J.S.A. 18A:40-41.10.**

**1. The district shall distribute the educational fact sheet annually to the parents of student-athletes and cheerleaders and shall obtain a signed acknowledgment of the receipt of the fact sheet by the student-athlete or cheerleader and his or her parent pursuant to N.J.S.A. 18A:40-41.10(b).**

**2. The fact sheet and sign-off sheet shall be distributed and the sign-off sheet shall be completed and returned to the school annually prior to the student-athlete’s or cheerleader’s first official practice of the school year.**

Adopted: 26 August 2013

