

July, 2020

**BRIDGETON BOARD OF EDUCATION**

**UPDATE**

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**INSTRUCTIONS FOR SPORTS PHYSICALS**

- STUDENT:**
1. CIRCLE SPORT FOR CURRENT SEASON
  2. SIGN PERMISSION FORM
  3. SIGN HISTORY FORM

- PARENT:**
1. SIGN AND DATE PERMISSION FORM
  2. COMPLETE HISTORY FORM
  3. SIGN AND DATE HISTORY FORM

**RETURN COMPLETED PACKET TO SCHOOL NURSE!!**

**ALL QUESTIONS/LINES MUST BE COMPLETED!**

**BLANKS WILL NOT BE ACCEPTED!**

# Bridgeton Elementary School

Department of Athletics  
111 N. West Avenue  
Bridgeton, NJ 08302  
(856) 455-8030 Ext. 1246

## SPORTS PHYSICAL PERMISSION FORM SCHOOL YEAR: \_\_\_\_\_

**Circle One:**

**FALL:** Soccer (co-ed) / Cross Country (co-ed) / Field Hockey

**WINTER:** Boys Basketball / Girls Basketball / Cheerleading

**SPRING:** Baseball / Softball / Track (co-ed)

By signing below, I give my son/daughter \_\_\_\_\_ permission to participate in the sport circled above. We acknowledge that we have received and reviewed the *Sudden Cardiac Death in Young Athletes Pamphlet*.

I understand that my son/daughter must have a sports physical done by his/her family physician prior to the first practice. This is required by the New Jersey State Department of Education N.J.A.C. 6-A:16-2.2(h).

A sports physical is valid for one calendar year. If a student's health insurance carrier will not pay for a sports' physical or your child does not have a "medical home", please contact the School Nurse.

A health questionnaire and permission form must be completed by the parent and signed for each sport in which the student participates.

It is the responsibility of the parent or guardian to complete the health questionnaire, make an appointment with your family physician and have the doctor complete and sign the required state physical examination form. Sports Physicals are accepted for 365 days from the date of the physical exam. Any forms returned by either the parents/guardian or the doctor with incomplete information (all blanks must be documented on) will be returned to the student and they will be ineligible to participate until the form is completed.

Student signature \_\_\_\_\_

Parents/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_



# NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 ~ Fax 609-259-3047

## COVID-19 Questionnaire

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_ Sport: \_\_\_\_\_

### COVID-19 Questions:

Please Circle One

- |   |     |    |
|---|-----|----|
| ➤ Has your son/daughter been diagnosed with Coronavirus (COVID-19)?   | YES | NO |
| • If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic?  | YES | NO |
| • If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized?   | YES | NO |
| ➤ Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)?   | YES | NO |
| ➤ Does your son/daughter have any pre-existing medical conditions and/or are immunocompromised? (A "yes" answer will require a physician's clearance) | YES | NO |

Signature of Parent/Guardian: \_\_\_\_\_

To participate in workouts during the summer recess period, the parent/guardian must complete this form. This form only needs to be completed one time. An athlete cannot participate until seven (7) days after this is submitted to the Athletic Department.

**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  No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes  No

10. Been diagnosed with Coronavirus (COVID-19)? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes  No

11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes  No

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**Please Return Completed Form to the School Nurse's Office**