

Physical/Health Examination Procedure

All Incoming Freshman must have a Physical completed prior to the start of the school year.

All Forms Must Be Completed As they Apply To your Child Prior to Participation in Sports Tryouts.

Physicals are not to be completed prior to July 1st.

1. Complete Parent/Guardian Permission / Application for Participation in Athletics.
2. Review the Memo from the New Jersey State Interscholastic Athletic Association and sign the consent for steroid testing for this school year.

FAILURE TO SIGN THE CONSENT FORM RENDERS THE STUDENT ATHLETE INELIGIBLE.

3. Complete Health History Questionnaire.
4. Have your Child's Health History reviewed by your child's physician.
5. Have your child's physician complete the physical examination form after the child's physical.
6. Some Reminders:
 - a). If your child wears eyeglasses, bring them to your child's physical
 - b). If your child needs to take (Advil) Ibuprofen, (Tylenol) Acetaminophen or any other medication, please have your physician complete the "Request for medication to be administered by the School Nurse" form.
 - c). Please make sure that your child's immunizations are up to date.

**The Health And Safety of Your Child is Our Concern.
Thank You for all of your cooperation.**



Monsignor Donovan High School

711 Hooper Avenue, Toms River, NJ 08753 (732)349-8801 Fax (732) 349-8956
www.address:mondon.pvt.k.12.nj.us

PARENT OR GUARDIAN PERMISSION

I give permission for _____ to participate in any sport activity during the school year. I am aware also that if any injuries occur during the course of participation in these activities, the insurance coverage will come under our own insurance plan, with MDHS being the *second insurer*. If my family has no insurance a claim may be submitted to the Monsignor Donovan High School's accident plan. I have also read the remainder of the form and am fully aware of the existence of training rules and the penalty for violation of it.

Signature of Parent or Guardian _____ Date _____

APPLICATION FOR PARTICIPATION IN MONSIGNOR DONOVAN HIGH SCHOOL'S ATHLETICS

Name _____ Date of Birth _____

I have read the rules and regulations in the PARENT/STUDENT HANDBOOK and will govern myself thereby. I accept the responsibility of keeping myself in good condition and obeying the training rules, which prohibit smoking, drinking alcoholic beverages or using drugs. I fully understand that violation of these rules, in or out of school, or any behavior or action that brings negative recognition to the team or school may result in suspension from the team for the remainder of the season or dismissal from school. No coach is empowered to grant immunity to any student regardless of circumstances.

I agree to be personally responsible for the care of any athletic equipment issued to me by the school. Should I lose my equipment, I will reimburse the school for the original cost.

Signature of Student _____ Date _____

For newly enrolled students only:

Address _____ Town _____ Zip Code _____

Telephone # _____ Date of Birth _____

Father's First Name _____ Mother's First Name _____

Name of Last School Attended _____



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

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. 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

Date

Signature of parent/guardian

Date



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NJSIAA Banned-Drug Classes 2006 - 2007

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example. Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete's own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants

amiphenazole
amphetamine
bemigrade
benzphetamine
bromantan
caffeine¹ (guarana)
chlorphentermine
cocaine
cropropamide
crothetamide
diethylpropion
dimethylamphetamine
doxapram
ephedrine
(ephedra, ma huang)
ethamivan
ethylamphetamine
fencamfamine
meclofenoxate
methamphetamine
methylenedioxy-
methamphetamine
(MDMA, ecstasy)
methylphenidate
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine
phentermine
phenylpropanolamine (ppa)
picrotoxine
pipradol
prolintane
strychnine
synephrine
(citrus aurantium,
zhi shi, bitter orange)
and related compounds

(b) Anabolic Agents

anabolic steroids
androstenediol
androstenedione
boldenone
clostebol
dehydrochloromethyl-
testosterone
dehydroepiandro-
sterone (DHEA)
dihydrotestosterone (DHT)
dromostanolone
epitrenbolone
fluoxymesterone
gestrinone
mesterolone
methandienone
methenolone

methyltestosterone

nandrolone
norandrostenediol
norandrostenedione
norethandrolone
oxandrolone
oxymesterone
oxymetholone
pregnelone
stanozolol
testosterone²
tetrahydrogestrinone
(THG)
trenbolone
and related compounds
other anabolic agents

(c) Diuretics

acetazolamide
bendroflumethiazide
benzhiazine
bumetanide
chlorothiazide
chlorthalidone
ethacrynic acid
flumethiazide
furosemide
hydrochlorothiazide
hydroflumethiazide
methyclothiazide
metolazone
polythiazide
quinethazone
spironolactone
triamterene
trichlormethiazide
and related compounds

(d) Peptide Hormones & Analogues:

corticotrophin (ACTH)
human chorionic gonadotrophin (hCG)
leutenizing hormone (LH)
growth hormone (HGH, somatotrophin)
insulin like growth hormone (IGF-1)

**All the respective releasing factors
of the above-mentioned substances
also are banned:**
erythropoietin (EPO)
darbypoetin
sermorelin

(e) Definitions of positive depends on the following:

1 for caffeine – if the concentration in urine exceeds 15 micrograms/ml

2 for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.



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NJSIAA'S STEROID TESTING POLICY

In accordance with Executive Order 72, issued by the Governor of the State of New Jersey, Richard J. Codey, on December 20, 2005, the NJSIAA will test a random selection of student athletes, who have qualified, as individuals or as members of a team, for state championship competition.

1. General prohibition against performance enhancing drugs:

- A. It shall be considered a violation of the NJSIAA's sportsmanship rule for any student-athlete to possess, ingest, or otherwise use any substance on the list of banned substances, without written prescription by a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.
- B. Violations found as a result of NJSIAA's testing shall be penalized in accordance with this policy.
- C. Violations found as a result of member school testing shall be penalized in accordance with the school's policy.

2. List of banned substances:

A list of banned substances shall be prepared annually by the Medical Advisory Committee, and approved by the Executive Committee. (See list)

3. Consent form:

Before participating in interscholastic sports, the student-athlete and the student-athlete's parent or guardian shall consent, in writing, to random testing in accordance with this policy. Failure to sign the consent form renders the student-athlete ineligible.

4. Selection of athletes to be tested:

- A. Tested athletes will be selected randomly from all of those athletes participating in championship competition.
- B. Sixty percent of all tests shall be from football, wrestling, track & field, swimming, lacrosse and baseball. The remaining forty percent of all tests shall be from all other NJSIAA sports.

5. Administration of tests:

Tests shall be administered by a certified laboratory, selected by the Executive Director and approved by the Executive Committee.

6. Testing methodology:

The methodology for taking and handling samples shall be in accordance with current legal standards.

7. Sufficiency of results:

No test shall be considered a positive result unless the approved laboratory reports a positive result, and the NJSIAA's medical review officer confirms that there was no medical reason for the positive result. A "B" sample shall be available in the event of an appeal.

8. Appeal process:

If the certified laboratory reports that a student-athlete's sample has tested positive, and the medical review officer confirms that there is no medical reason for a positive result, a penalty shall be imposed unless the student-athlete proves, by a preponderance of the evidence, that he or she bears no fault or negligence for the violation. Appeals shall be heard by a NJSIAA committee consisting of two members of the Executive Committee, the Executive Director/designee, a trainer and a physician. Appeal of a decision of the Committee shall be to the Commissioner of Education, for public school athletes, and to the superior court, for non-public athletes. Hearings shall be held in accordance with NJSIAA By-Laws, Article XIII, "Hearing Procedure."

9. Penalties

Any person who tests positively in an NJSIAA administered test, or any person who refuses to provide a testing sample, or any person who reports his or her own violation, shall immediately forfeit his or her eligibility to participate in NJSIAA competition for a period of one year from the date of the test. Any such person shall also forfeit any individual honor earned while in violation. No person who tests positive, refuses to provide a test sample, or who reports his or her own violation shall resume eligibility until he or she has undergone counseling and produced a negative test result.

10. Confidentiality:

Results of all tests shall be considered confidential and shall only be disclosed to the individual, his or her parents and his or her school.

11. Compilation of results:

The Executive Committee shall annually compile and report the results of the testing program.

12. Yearly renewal of the steroid policy: The Executive Committee shall annually determine whether this policy shall be renewed or discontinued.

Monsignor Donovan High School
PREPARTICIPATION PHYSICAL EVALUATION
Health History Questionnaire

Date: _____

Name: _____ Date of Last Physical: _____ Age: _____
 Date of Birth: _____ School: _____ Sex: _____
 Sport: _____ Home Phone: _____ Grade: _____
 Physician: _____ Phone: _____ Fax: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone(circle one): cell/home/work _____

Directions: Please answer the following questions about your medical history. Explain "yes" answers at the bottom of the page. You must respond to all questions.

1. Have you had or do you currently have:

a. A sports physical for this school year?	Y/N/Don't Know
b. An injury or illness since your last exam?	Y/N/Don't Know
c. A chronic or ongoing illness (such as diabetes or asthma)?	Y/N/Don't Know
1. use an inhaler or other prescription medicine to control asthma?	Y/N/Don't Know
d. Any prescribed or over the counter medications that you take on a regular basis?	Y/N/Don't Know
e. Surgery, hospitalization or any emergency room visit(s)?	Y/N/Don't Know
f. Any allergies to medications?	Y/N/Don't Know
g. Any allergies to bee stings, pollen, latex or foods?	Y/N/Don't Know
1. type of reaction: rash, hives, or skin condition?	Y/N/Don't Know
2. take any medication/epipen taken for allergy symptoms? (List Below)	Y/N/Don't Know
h. Any anemias or blood disorders?	Y/N/Don't Know

2. Have you had or do you currently have any of the following *head-related* conditions since your last physical:

a. Concussion requiring a physician's evaluation?	Y/N/Don't Know
1. how often and when? (answer below)	Y/N/Don't Know
b. Memory loss or been knocked out?	Y/N/Don't Know
c. A. Seizure?	Y/N/Don't Know
d. Frequent or severe headaches?	Y/N/Don't Know

3. Have you had or do you currently have any of the following *heart-related* conditions since your last physical:

a. Chest Pain? (when exercising?)	Y/N/Don't Know
b. Heart murmur?	Y/N/Don't Know
c. High blood pressure or elevated cholesterol level?	Y/N/Don't Know
d. Restriction from sports for heart problems?	Y/N/Don't Know
e. Any family member or relative:	Y/N/Don't Know
1. Died of a heart problem before age 35?	Y/N/Don't Know
2. Died of a heart problem before age 50?	Y/N/Don't Know
3. Died with no known reason?	Y/N/Don't Know
4. Died while exercising? During or after?	Y/N/Don't Know
5. Marfan's Syndrome?	Y/N/Don't Know

Explain "Yes" Answers Here (Include Dates):

4. Have you had or do you currently have any of the following *eye, ear, nose, mouth or throat conditions* since your last physical:

a. Vision problems?	Y/N/Don't Know
1. wear contacts, eyeglasses or protective eye wear? (Circle which type)	Y/N/Don't Know

- b. Hearing loss or problems? Y/N/Don't Know
 - 1. wear hearing aides or implants? Y/N/Don't Know
 - c. Nasal fractures or frequent nose bleeds? Y/N/Don't Know
 - d. Wear braces, retainer or protective mouth gear? Y/N/Don't Know
 - e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? Y/N/Don't Know
5. Have you had or do you currently have any of the following *neuromuscular/orthopedic conditions* since your last physical:
- a. Been told you had a burner, stinger or pinched nerve? Y/N/Don't Know
 - b. A sprain Y/N/Don't Know
 - c. A strain Y/N/Don't Know
 - d. Swelling or pain in muscles, tendons, bones or joints? Y/N/Don't Know
 - e. A dislocated joint(s)? Y/N/Don't Know
 - f. Low back pain? Y/N/Don't Know
 - g. Fractures(s) or stress fracture(s)? Y/N/Don't Know
 - h. Do you wear any protective braces or equipment for any prior injury? Y/N/Don't Know
6. Have you had or do you currently have any of the following *general or exercise related conditions* since your last physical:
- a. Difficulty breathing? (During Exercise) Y/N/Don't Know
 - 1. after running 1 mile Y/N/Don't Know
 - 2. coughing, wheezing or shortness of breath in weather changes Y/N/Don't Know
 - 3. been told you have exercise-induced asthma Y/N/Don't Know
 - i. controlled with medication? (List Below) Y/N/Don't Know
 - ii. experience dizziness, passing out or fainting? Y/N/Don't Know
 - b. Viral infections (e.g. mono, hepatitis)? Y/N/Don't Know
 - c. Become tired more quickly than your friends? Y/N/Don't Know
 - d. Any of the following skin conditions:
 - 1. acne, contact dermatitis, ringworm, warts, herpes? Y/N/Don't Know
 - 2. sun sensitivity Y/N/Don't Know
 - e. Weight gain/loss (greater than or less than 10 pounds)? Y/N/Don't Know
 - 1. do you want to weigh more or less than you do now? Y/N/Don't Know
 - f. Ever had feeling of depression? Y/N/Don't Know
 - g. Heat-related problems (dehydration, dizziness, fatigue, headache)? Y/N/Don't Know
 - 1. heat exhaustion? (cool, clammy, damp skin) Y/N/Don't Know
 - 2. heat stroke? (hot, red, dry skin) Y/N/Don't Know

Explain "Yes" Answers Here (Include Dates):

I certify that the information provided herein is accurate as the date of these signatures.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Monsignor Donovan High School
PREPARTICIPATION PHYSICAL EVALUATION

Name: _____ Exam Date: _____ Age: _____ Date of Birth: _____
 Address: _____ City/St./Zip: _____ Home Phone: _____
 School: _____ Sport: _____ Grade: _____ Sex: _____
 Physician: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm.
 Vision: R 20/____ L 20/____ Corrected: Y/N Contacts: Y/N Glasses: Y/N

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver, spleen)			
Tanner Stage: Testes/Onset of Menses:			
Hernia	No	Yes/Possible	
Neck/Back/Spine: Range of Motion:			
Scoliosis:			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination: Romberg:			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			
Most recent Immunization/Dates:			
Medications currently in use:			
Additional Observations:			

CLEARANCE:

A. Student may participate in athletics: YES NO Date: _____

B. Cleared after completing evaluation/rehabilitation for: _____

C. NOT CLEARED FOR: Collision _____ Contact _____ Non-Contact _____
Strenuous _____ Moderate _____ Non-Strenuous _____

Diagnosis: _____

Recommendations: _____

EXAMINED BY: Physician's/Provider's Stamp: →

Family Physician/Provider _____

School Physician _____

MD ___ DO ___ NP ___ PA

Physician's/Provider's Signature: _____

SCHOOL PHYSICIAN'S NOTIFICATION

The school physician has received the medical report from the student's medical home and it complies with the requirements of NJAC 6A:16-2.2(h)5; and further, that the school physician's notification regarding the student's participation in athletics and signature is based solely on the medical examination and results submitted by the examining physician.

School Physician's Initials/Stamp: _____ Date: _____

CLASSIFICATION OF SPORTS BY CONTACT

			<u>Noncontact</u>
<u>Collision/Contact</u>	<u>Limited Contact</u>	<u>Strenuous</u>	<u>Non-Strenuous</u>
Field Hockey	Baseball	Field	Bowling
Football	Basketball	Discus	Golf
Ice Hockey	Diving	Javelin	
Lacrosse	Fencing	Shot put	
Soccer	Field	Rowing	
Wrestling	High Jump	Running/Cross Country	
	Pole Vault	Strength Training	
	Gymnastics	Swimming	
	Skiing	Tennis	
	Softball	Track	
	Volleyball		

MEDICAL CONDITIONS AFFECTING SPORTS

PARTICIPATION IN ADOLESCENTS

CONDITIONS REQUIRING CLEARANCE BEFORE SPORTS PARTICIPATION

- | | |
|---|----------------------------|
| Atlantoaxial instability | Bleeding disorder |
| Hypertension | Congenital heart disease |
| Dysrhythmia | Mitral valve prolapse |
| Heart murmur | Cerebral Palsy |
| Diabetes mellitus | Eating disorders |
| Heat illness history | One-kidney athletes |
| Hepatomegaly, Splenomegaly | Malignancy |
| History of repeated concussion | Organ transplant recipient |
| Cystic Fibrosis | Sickle Cell Disease |
| One-eye athletes or athletes with vision > 20/40 in one eye | |



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PHYSICIAN CERTIFICATION FOR SELF MEDICATION BY STUDENT

In accordance with chapter 308, P.L. 1993, I _____ (Print name of Physician) certify that I am the Physician of _____ (Print student's name). This patient suffers from _____ (Print name of illness), a potentially life-threatening illness, and is capable of, and has been instructed in, the proper method of self-administration of medication for this illness.

Name of Medication: _____

Dose/Route: _____ Time: _____

Additional Instructions: _____

Date: _____

Signature of Physician

Telephone: _____



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REQUEST FOR MEDICATION TO BE ADMINISTERED BY SCHOOL NURSE

Student: _____ D.O.B.: _____

Grade: _____ Teacher: _____ Room: _____

PARENTAL REQUEST

I, the parent/guardian of _____, request that the medication prescribed by my child's physician be administered to my child by the school nurse at the prescribed time.

I agree to bring a weekly supply of the medication to the school nurse. The medication will be brought to school in its original container appropriately labeled by my pharmacy.

Signature of Parent/Guardian

Date

Address

Phone

PHYSICIAN'S STATEMENT

In order to protect the health of _____
it is necessary for her/him to have the following medication during school hours.

MEDICATION:

DOSAGE:

TIME to be Administered:

Purpose of medication:

List any possible side effects which might be expected:

DIAGNOSIS:

I authorize the school nurse to administer the above medication.

Signature of Physician

Date

Print Physician Name & Address

Phone