



Cranford Athletic Department

Darren Torsone, Athletic Director

SPORTS PHYSICAL EXAMINATION INFORMATION for 2012-13 SCHOOL YEAR

A sports physical exam is required for students who will participate on a Cranford High School athletic team. Sports Physical exams may be completed by either the school physician or by a student's private physician. All exams must be completed on the district forms. All physical examinations are valid for 365 days. All students who plan to participate in a **FALL** sport should report to their school nurse for sports physical forms or get them online at www.cranfordschools.org/chs/athletics under Athletic Participation Forms. Print pages 1-10 only, read pages 11-19 before signing Parent/Guardian Participation Consent.

All student athletes participating in a contact sport are required to complete an Impact Baseline Test, provided by the district, prior to the start of the season. Additional information regarding concussions can be found at www.cranfordschools.org/chs/athletics under Memos/Handouts.

Students participating in a FALL 2012 sport will report to the Upper Gym in Cranford High School at 3 p.m. for their physical examination according to the following schedule:

3 pm June 6th – CHS Girls (**except Volleyball**)

3 pm June 7th – incoming freshmen Boys and Girls from HAS & OAS

3 pm June 8th – CHS Boys (**except Football**) & all make-ups

1 pm June 13th - CHS Football & Volleyball

FALL SPORTS

Football, Boys/Girls Soccer, Cross Country, Girls Tennis,
Girls Volleyball, Cheerleading, Gymnastics, Field Hockey

PHYSICALS DONE BY SCHOOL PHYSICIAN

Part A of the physical form and the **Athletic Code of Conduct/Participation Consent** must be completed by the parent/guardian and returned to the school nurse **PRIOR** to the school exam date. The nurse in that building will complete the height, weight, blood pressure and visual acuity on Part B of the form prior to the physical.

PHYSICALS DONE BY PRIVATE PHYSICIAN

Print out packet from school website as listed above or pick one up from your child's school nurse. Part A **MUST** be completed before the private physical is performed. Return the completed private physical packet to Cranford High School by the last day of school.

VALID PHYSICAL ON FILE (365 days)

For each new sport your child participates in **AFTER** a physical is on record, and within 365 days of physical date, only the **HEALTH HISTORY UPDATE and ATHLETIC CODE OF CONDUCT** needs to be completed. This form is **NOT** available online and can only be issued by the school nurse once a valid physical is on file.

THE DEADLINE FOR FALL SPORTS FORMS IS JUNE 20, 2012. IF LATE, THERE IS NO GUARANTEE THE ATHLETE WILL BE CLEARED IN TIME FOR THE FIRST PRACTICE.

If you have any questions contact:

Mrs. C Ahern Cranford High School 709 6305
Ms. L. Allcock, Cranford Achievement Program 709-6961
Ms. L. Kellett, Orange Avenue School 709-6270
Mrs. B. Rudofsky, Hillside Avenue School Nurse 709-6242
Mr. Dmitry Chervinsky, Athletic Trainer 709-6968

CRANFORD HIGH SCHOOL
Athletic Code of Conduct/Participation Consent Form

<i>Last Name</i>	<i>First Name</i>	<i>Grade</i>	<i>Sport</i>
<i>Address</i>	<i>Telephone</i>	<i>Birth date</i>	

ATHLETIC CODE OF CONDUCT

In requesting the opportunity to participate in the above named sport, I will abide by all of the policies and regulations of the Cranford Public School district and agree to:

1. Attend all team practices and games as outlined by the coaches.
2. Train consistently with optimal effort as advised by the coaching staff.
3. Fulfill all district and state academic and attendance requirements.
4. Refrain from smoking, the use of smokeless tobacco, alcohol and drugs at all times.
5. Make efforts to avoid scheduling any conflicting activities during the season.
6. Report injuries sustained during athletics to the coach and/or athletic trainer immediately.
7. Abide by the rules and regulations of the Cranford Public Schools and the NJSIAA.
8. Conduct myself in school and on the playing field so that I will bring only credit to my family, my team, and the Cranford Public Schools.
9. Take care of all equipment assigned to me and return all such items to the coach at the end of the season. I will be responsible to pay for any equipment not returned at the conclusion of the season.
10. Abide by the district's DRUGS, ALCOHOL, TOBACCO, SUBSTANCE ABUSE policy and the tenets of the ADAPT program. Information regarding ADAPT can be obtained on the district website.
11. Familiarize myself with and obey the rules and regulations of the Cranford Public Schools as stated in the Student Handbook.

ACADEMIC/AGE ELIGIBILITY

In requesting the opportunity to participate in the above named sport, I understand that the primary purpose of my enrollment in school is for the purpose of education. I therefore understand that I must meet the following state and district requirements in order to participate in athletics:

1. All students above the ninth grade must pass **27.5 (30 starting with Class of 2014)** credits at the conclusion of the school year in order to be eligible for the fall and winter sports programs. Ninth grade students are automatically eligible for the fall and winter upon arrival.
2. All students' grades 9-12 must be passing courses earning the equivalent of **13.75 (15 starting with Class of 2014)** credits at the conclusion of the second marking period in order to be eligible for the spring season.
3. Consult with your Guidance Counselor, Coach, or the Athletic Director regarding your eligibility.
4. A student cannot participate if he/she reaches age 19 prior to September 1st of the current school year. A 9th grader cannot reach age 16 prior to September 1st of his/her freshman year.

ATTENDANCE POLICY

In requesting the opportunity to participate in the above named sport, I will abide by the Attendance policy of the Cranford Public Schools. The policy reads "No student may participate in an interscholastic contest or practice...unless he/she is in school the entire time he/she is scheduled to be here. Only the building principal or designee may grant an exemption and only under the most extraordinary circumstances.

(over)

SPORTSMANSHIP and CONDUCT

Student-athletes and their parents representing the Cranford Public Schools are expected to demonstrate great pride in our school, team, themselves and their families. This pride is all a part of good sportsmanship. Pride and good sportsmanship is reflected in the conduct of student-athletes and parents during practices, games and during school. Student-athletes and their parents are expected to honor the rules of common decency at all times with teammates, opponents and spectators. They are expected to respect the authority of coaches and other school staff and shall conform to all requests made by them. In addition, a student-athlete's appearance should be a matter of pride, which means cleanliness and neatness in dress is expected.

It is expected that the cardinal rules of sportsmanship are followed at all times. They are brief, but very important: ***The players play, the officials officiate; the coaches' coach, and most importantly, the spectators are positive, respectful, and courteous at all times!***

PARENT/GUARDIAN PARTICIPATION CONSENT

- I hereby advise that my child is permitted to participate in the above named sport. I understand that the Board of Education provides accidental medical expense insurance to cover injuries incurred during athletic activities. I further understand that this coverage is an "excess only policy" that will provide benefits for injury only after benefits have been exceeded under my own personal insurance, group, or individual plan.
- I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility in athletics. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning.
- I acknowledge that I have reviewed the information provided in this packet and on the district website regarding MRSA and Sudden Cardiac Arrest in Athletics.
- I give consent for my child to be randomly tested for steroids and the use of performance enhancing drugs in accordance with NJSIAA rules. More information regarding testing is attached and can be viewed at www.njsiaa.org.
- I give consent for my child to be tested using Impact Concussion Software as per district regulation. I understand that Impact testing is for evaluation and return to play information only and is not a preventative measure. More information can be obtained on the district website.
- I hereby confirm that my son/daughter lives within the boundaries established for the Cranford School District. To the best of my knowledge the medical history of my child is accurate. I have been informed and completely understand the district eligibility requirements for athletics and co-curricular activities.

Student-Athlete's Name (print) _____ Date _____

Student-Athlete Signature _____

Parent/Guardian (print) _____ Date _____

Parent/Guardian Signature _____

New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____ Date of Last Sports Physical: _____

Student's Name: _____ Sex: M F (circle one) Age: ____ Grade: _____

Date of Birth: ____/____/____ School: _____ District: _____

Sport(s): _____ Home Phone: (____) _____

Provider Name (Medical Home): _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Additional emergency contact: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:

- a. Restriction from sports for a health related problem? 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.) 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.) If yes, check type of reaction:
 - Rash Hives Breathing or other anaphylactic reaction
 - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
- h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
- i. A blood relative who died before age 50? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

List all medications here:

Medication Name	Dosage	Frequency

2. **Have you ever had, or do you currently have, any of the following *head-related* conditions:**

- | | |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss? | Y / N / Don't Know |
| c. Knocked out? | Y / N / Don't Know |
| c. A seizure? | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)? | Y / N / Don't Know |
| e. Fuzzy or blurry vision | Y / N / Don't Know |
| f. Sensitivity to light/noise | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

3. **Have you ever had, or do you currently have, any of the following *heart-related* conditions:**

- | | |
|--|--------------------|
| a. Restriction from sports for heart problems? | Y / N / Don't Know |
| b. Chest pain or discomfort? | Y / N / Don't Know |
| c. Heart murmur? | Y / N / Don't Know |
| d. High blood pressure? | Y / N / Don't Know |
| e. Elevated cholesterol level? | Y / N / Don't Know |
| f. Heart infection? | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause? | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats? | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise? | Y / N / Don't Know |
| k. Any family member (blood relative): | |
| (1.) Under age 50 with a heart condition? | Y / N / Don't Know |
| (2.) With Marfan Syndrome? | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____ | Y / N / Don't Know |
| (4.) Died with no known reason? | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.) | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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

- | | |
|---|--------------------|
| 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 |

Explain all "yes" answers here (include relevant dates):

5. **Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions.**

- | | |
|---|--------------------|
| a. Numbness, 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. Dislocated joint(s)? | Y / N / Don't Know |
| f. Upper or lower back pain? | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)? | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment? | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

6. Have you ever had or do you currently have any of the following *general or exercise related conditions*:

- a. Difficulty breathing?
 - (1.) During exercise? Y / N / Don't Know
 - (2.) After running one mile? Y / N / Don't Know
 - (3.) Coughing, wheezing or shortness of breath in weather changes? Y / N / Don't Know
 - (4.) Exercise-induced asthma? Y / N / Don't Know
 - i. Controlled with medication? (specify _____) Y / N / Don't Know
 - ii. Experience dizziness, passing out or fainting? Y / N / Don't Know
- b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? Y / N / Don't Know
- c. Become tired more quickly than others? Y / N / Don't Know
- d. Any of the following skin conditions:
 - (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? Y / N / Don't Know
 - (2.) Sun sensitivity? Y / N / Don't Know
- e. Weight gain/loss (of 10 pounds or more)? 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 feelings 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
 - (3.) Muscle cramps? Y / N / Don't Know
- h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

7. **Females only:**

Age of onset of menstruation: _____ How many menstrual periods in the last twelve (12) months? _____

How many periods missed in the last twelve (12) months? _____

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Signature, Parent/Guardian or Student Age 18

Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____
 Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 School: _____ District: _____
 Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

- FINDINGS OF PHYSICAL EVALUATION -

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

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restrictions.
- B. Not cleared for participation in any sport until evaluation/treatment of:

- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

___ CONTACT/COLLISION
___ LIMITED CONTACT

___ NON-CONTACT/STRENUOUS
___ NON-CONTACT/NON-STRENUOUS

Limitations due to: _____

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; 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; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

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

Effects of physiologic maneuvers on heart sounds

Standing Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole

Squatting Increases murmur of AS, MR, AI
Decreases murmur of MCH
MVP click delayed

Valsalva Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

Kyphosis
High arched palate
Pectus excavatum
Arachnodactyly
Arm span > height 1.05:1 or greater
Mitral Valve Prolapse
Aortic Insufficiency
Myopia
Lenticular dislocation

HCM: Hypertrophic Cardio Myopathy
AS: Aortic Stenosis
AI: Aortic Insufficiency
MR: Mitral Regugitation
MVP: Mitral Valve Prolapse

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
 - MD/DO
 - APN
 - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____

Today's Date: _____

Date of Exam: _____

RESERVED FOR SCHOOL DISTRICT USE

NOTE: *N.J.A.C. 6A:16-2.2* requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

History and Physical Reviewed By: _____ Date: _____

Title of Reviewer (please check one): School Nurse School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician _____
Date

Letter of notification is attached.

OR

Parent notification indicates that:

- Participation Approved without limitations.
- Participation Approved with limitations pending evaluation.
- Participation NOT Approved

Reason(s) for Disapproval: _____



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

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.

NJSIAA Banned-Drug Classes 2009 - 2010

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:

<p>(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 methylenedioxymethamphetamine (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</p>	<p>(b) Anabolic Agents <u>anabolic steroids</u> androstenediol androstenedione boldenone clostebol dehydrochlormethyl- 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 <u>other anabolic agents</u> clenbuterol</p>	<p>(c) Diuretics acetazolamide bendroflumethiazide benzhiazine bumetanide chlorothiazide chlorthalidone ethacrynic acid flumethiazide furosemide hydrochlorothiazide hydroflumethiazide methyclothiazide metolazone polythiazide quinethazone spironolactone triamterene trichlormethiazide and related compounds</p>	<p>(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</p>
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(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.

Think you know how to wash your hands?

A little splash of water is **NOT** enough to clean your hands. Good handwashing requires soap, water, and friction.

Follow these easy steps to be sure your hands are getting clean each time you wash:

- Use warm water and soap
- Rub hands **vigorously** for 20 seconds
- Wash palms, backs, under nails, between fingers, and wrists
- Rinse off all soap
- Dry hands with a paper towel
- Use the paper towel to turn off the water tap
- Use the paper towel to open the bathroom door
- Discard the paper towel immediately after leaving the bathroom

Wash your hands frequently!!!

What should you do if you think you have a MRSA skin infection?

- **Keep the skin sore covered with a bandage or clothing at all times.**
- **Do not share clothing, towels, or personal care items.**
- **Tell your school nurse immediately and seek medical care right away to prevent dangerous complications from developing.**

If you are diagnosed with a MRSA skin infection and see more than one health care provider, please let each health care provider know about your MRSA infection!!!

NJ Department of Health & Senior Services
Communicable Disease Service
PO Box 369
Trenton, NJ 08625-0369
609-588-7500

For more information visit:
[Http://nj.gov/health/cd/mrsa/index.shtml](http://nj.gov/health/cd/mrsa/index.shtml)

MRSA



Preventing Skin Infections in School and Athletic Settings



Jon S. Corzine
Governor



Fred M. Jacobs, MD, JD
Commissioner

What is MRSA?

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of bacterium that is resistant to treatment with certain antibiotics. Most of the time, MRSA causes skin infections, but it can also lead to pneumonia and bloodstream infections. In the past, MRSA occurred in hospitals and nursing homes, but it is becoming more common in community settings such as schools and daycare centers.

People can become infected with MRSA by touching infected people, or contaminated objects/surfaces. These bacteria can then enter the body through cuts, scrapes, or other openings in the skin.

What should students know about MRSA?

- “Staph” bacteria can be found on the skin of healthy people, but only a

very small percentage is MRSA.

- Anyone can get MRSA.
- MRSA can spread easily among people who spend time in close contact with each other, such as household members and participants in close-contact sports (for example, football and wrestling).
- MRSA is NOT spread through the air.



What are some of the high-risk behaviors associated with MRSA?

- Sharing personal care items such as razors, bar soap, cosmetics or towels
- Sharing clothing or uniforms that are not properly laundered
- Getting tattoos and body piercings using unsterile equipment
- Engaging in sexual activity or having close physical contact with MRSA-infected people
- Sharing syringes

- Sharing athletic gear (pads or helmets) that is not cleaned regularly.

How can students protect themselves?

Personal hygiene is very important in preventing and controlling the spread of MRSA infections. Washing hands frequently throughout the day, showering after playing contact sports or using gym equipment, and laundering clothing in hot water will help prevent the spread of MRSA skin infections.

It is also a good idea to wipe down gym/sports equipment and exercise mats before and after use. Also, keep skin covered with clothing as an additional barrier. If you have a skin wound, be sure to cover it with a bandage.

Piensa usted que se sabe lavar las manos?

Mojarse las manos con agua NO es suficiente. Para lavarse las manos se requiere, jabón, agua y frotarse las manos vigorosamente.

Los siguientes pasos asegurarán que sus manos queden limpias cada vez que se las lave:

- Utilise agua tibia y jabón
- Frote las manos vigorosamente por 20 segundos
- Lave la palma de la mano, parte delantera, debajo de las uñas, entre los dedos y muñeca
- Enjuague las manos completamente
- Seque las manos con papel toalla
- Utilise el papel toalla para cerrar la llave del agua
- Utilise el papel toalla inmediatamente después de salir del baño

Lávese las manos frecuentemente!!!

Que debe hacer si cree que tiene una infección en la piel MRSA?

- Mantenga la piel afectada, llaga cubierta con gaza o por la ropa todo el tiempo.
- No comparta ropa, toallas o utensilios de efecto personal.
- Comuníquese a la enfermera escolar inmediatamente para prevenir complicaciones futuras.

Si es diagnosticado con una infección de la piel MRSA y se consulta con mas de un proveedor médico, porfavor déjele saber a cada proveedor médico su condición!!!

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Para mas información visite:
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MRSA



Preveniendo Infecciones de la piel en lugares de atletismo



Jon S. Corzine
Governor



Fred M. Jacobs, MD, JD
Commissioner

Que es MRSA?

Methicillin-resistant *Staphylococcus aureus* (MRSA) es un tipo de bacteria resistente a tratamiento de ciertos antibióticos. Generalmente, MRSA causa infecciones de la piel, pero puede resultar en pulmonía e infecciones en el torrente sanguíneo. Anteriormente, ocurría en hospitales y ancianatos, pero hoy es mas frecuente en lugares de uso común como colegios y guarderías.

Las personas se pueden contagiar con MRSA al tocar personas infectadas u objetos y superficies infectadas. La bacteria puede entrar al sistema por medio de cortadas, raspones u otras aperturas en la piel.

Que debe saber un estudiante sobre MRSA?

La bacteria “Staph” puede existir en la piel de personas saludables, sin embargo un pequeño porcentaje es MRSA.

- A cualquiera persona la puede dar MRSA.
- MRSA se puede proliferar entre personas en contacto directo, tales como miembros de familia y participantes de juegos de contacto directo (por ejemplo football y lucha libre).
- MRSA NO se propaga por medio del aire.



Comportamientos, de alto riesgo asociados con MRSA

- Compartir artículos personales como navaja de afeitar, tableta de jabón, cosméticos o toallas
- Compartir ropa o uniformes lavados inapropiadamente
- Hacerse tatuajes y perforaciones en el cuerpo con equipo no esterilizado
- Entablar actividad sexual o contacto físico con personas infectadas con MRSA

- Compartir jeringuillas
- Compartir equipo atlético (hombreras o casco) no limpiados regularmente.

Como se puede proteger un estudiante?

La higiene personal es importante en prevenir y controlar la propagación de infecciones MRSA. Lavarse las manos frecuentemente, durante el día, bañarse después de juegos de contacto físico o de utilizar equipo de gimnasio y lavar la ropa con agua caliente ayudará a prevenir infecciones de la piel.

Es importante limpiar minuciosamente los equipos de gimnasia/deportes y alfombras de ejercicio después de ser usadas. También mantener la piel cubierta con ropa como una barrera adicional. Si tiene una herida, cúbrala con una venda de gasa.

Website Resources

- Sudden Death in Athletes at;
www.suddendeathathletes.org
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association
www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org



American Heart Association
1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org



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PO Box 500
Trenton, NJ 08625-0500
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Sudden Cardiac Death in Young Athletes



The Basic Facts on Sudden Cardiac Death in Young Athletes

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



New Jersey Chapter

American Heart Association

Learn and Live

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.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping

blood to the brain and body. This is called *ventricular fibrillation* (*ven-TRICK-you-lar fib-roo-LAY-shun*). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is *hypertrophic cardiomyopathy* (*hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee*) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is *congenital* (*con-JEN-it-al*) (i.e., present from birth) *abnormalities of the coronary arteries*. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called “coronary artery disease,” which may lead to a heart attack).

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
- 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).

The American Academy of Pediatrics/New Jersey Chapter recommends that schools:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED)
- Have personnel available who are trained in AED use present at practices and games.
- Have coaches and athletic trainers trained in basic life support techniques (CPR)
- Call 911 immediately while someone is retrieving the AED.