

Middlesex County Vocational-Technical High Schools  
**INTERSCHOLASTIC ATHLETIC PERMISSION AND PARTICIPATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Sex: \_\_\_\_\_  
Sport: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Parents) Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent's/Guardian's Permission To Participate/To Obtain Emergency Care**

- I hereby give my consent for my son/daughter to participate in the district's Interscholastic Athletic Program at local or out-of-town games. I am also advised that students must return equipment/uniforms in good condition. Parents/Guardians will be expected to reimburse the district for equipment/uniforms that are damaged or lost.
- I authorize school personnel to obtain emergency medical care that may become necessary for my son/daughter in the course of athletic activities or related travel.
- I am also advised that Sports Insurance is provided under what is known as a Full Excess Plan. Parents/Guardians must provide payment from their own personal or group insurance policy for medical expenses or hospitalization. If charges are not covered by the parent's/guardian's personal plan, district insurance will cover the player up to the limits of the district's policy for medical expenses or hospitalization.

My child is covered by insurance for the \_\_\_\_\_ - \_\_\_\_\_ school year under our family insurance policy.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

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

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sign Here ↗

*New Jersey State Law requires that all students who participate in interscholastic sports receive a physical exam prior to participating in any practice or game. This physical exam may be provided by your family physician or the school physician. If a parent/guardian does not have a home physician, an examination by the school physician may be requested.*

Please check one of the following and return this from.

\_\_\_\_\_ I will use my family Doctor to provide this exam at my own expense. A copy of the required district form will be completed by my Doctor and returned to the School Nurse with his/her findings, recommendations, and any restrictions within 30 days of receipt of this notice.

\_\_\_\_\_ I request that the School Doctor provide the required physical examination.

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Here ↗

*As a student candidate in the Interscholastic Athletic Program, I will conduct myself in a manner that is beyond reproach and exhibit good sportsmanship and return sports equipment and uniforms issued to me in good condition.*

\*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Here ↗

Middlesex County Vocational Technical High Schools  
Interscholastic Athletic Permission and Participation Form

Parent/Guardian Acknowledgement Form

**NJSIAA Sports-Related Concussion and Head Injury Fact Sheet**

I/We acknowledge that we received the Sports- Related Concussion and Head Injury Fact Sheet.

\* \_\_\_\_\_  
Student Signature                      Student Printed Name                      Date

\* \_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Printed Name                      Date  
*Sign Here ↗*

**Sudden Cardiac Death Pamphlet**

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

\* \_\_\_\_\_  
Student Signature                      Student Printed Name                      Date

\* \_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Printed Name                      Date

**NJSIAA Steroid Testing Policy**

I/We acknowledge that we received the NJSIAA Steroid Testing Policy and Banned Drugs List.

\* \_\_\_\_\_  
Student Signature                      Student Printed Name                      Date

\* \_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Printed Name                      Date

*Sign whole page*

# Administrative Offices

## BOARD OF EDUCATION OF THE VOCATIONAL SCHOOLS IN THE COUNTY OF MIDDLESEX

112 Rues Lane P.O. Box 1070 East Brunswick, N.J. 08816-1070 Telephone (732) 257-3300 Fax: (732) 390-4252

Francis R. James, President

Dianne D. Veilleux, Superintendent

### Use and Misuse of Opioid Drugs Fact Sheet Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the studentathlete's or cheerleader's first official practice of the school year.

Name of School:

Name of School District (if applicable):

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature:

\_\_\_\_\_

Parent/Guardian Signature (also needed if student is under age 18):

\_\_\_\_\_

Date:

Campuses located at:

Academy East Brunswick Perth Amboy Piscataway Woodbridge



Sign  
Here

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Complete Page

**Abstract**

Sign  
Here



# ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_ Date of birth \_\_\_\_\_  
Name \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
6. Do you regularly use a brace, assistive device, or prosthetic?	Yes	No
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Late allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

Sign here

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height			
BP	/	( / )	Pulse
			Vision R 20/
			L 20/
			Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance			
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat			
• Pupils equal			
• Hearing			
Lymph nodes			
Heart*			
• Murmurs (auscultation standing, supine, +/- Valsalva)			
• Location of point of maximal impulse (PMI)			
Pulses			
• Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
• HSV lesions suggestive of MRSA, tinea corporis			
Neurologic†			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
• Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

†Consider GU exam if in private setting. Having third party present is recommended.

\*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date of exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2291/0416

# PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other information \_\_\_\_\_

### HCP OFFICE STAMP

--

### SCHOOL PHYSICIAN:

Reviewed on \_\_\_\_\_ (Date)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature: \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form**

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians be educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

### **Quick Facts**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

### **Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)**

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

### **Symptoms of Concussion (Reported by Student-Athlete)**

- |                                      |  |
|--------------------------------------|--|
| • Headache                           | • Sensitivity to light/sound   |
| • Nausea/vomiting                    | • Feeling of sluggishness or foggy                                   |
| • Balance problems or dizziness      | • Difficulty with concentration, short term memory, and/or confusion |
| • Double vision or changes in vision |  |

# 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 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.
- D. The NJSIAA policy shall consist of this general prohibition, the NJSIAA Steroid Testing Procedures, the NJSIAA Steroid Testing Protocol and the NJSIAA Banned Drug Classes.

## 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:

- 5. Tested athletes will be selected randomly from those athletes participating in championship competition. Testing may occur at any state championship site or at the school whose athletes have qualified for championship competition. 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

# **2014-15 NJSIAA Banned Drugs**

**IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE**

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers (banned for rifle only)
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

**Note: Any substance chemically related to these classes is also banned.**

**THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.**

## **Drugs and Procedures Subject to Restrictions**

- Blood Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation
- Caffeine if concentrations in urine exceed 15 micrograms/ml

## **NJSIAA Nutritional/Dietary Supplements Warning**

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff.

- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

**NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT.**



## Website Resources

- Sudden Death In Athletes  
[www.cardiohealth.org/sudden-death-in-athletes](http://www.cardiohealth.org/sudden-death-in-athletes)
- Hypertrophic Cardiomyopathy Association  
[www.4hcm.org](http://www.4hcm.org)
- American Heart Association [www.heart.org](http://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.aapn.org](http://www.aapn.org)

**American Heart Association**  
1 Union Street, Suite 301  
Robbinsville, NJ, 08691  
(p) 609-208-0020  
[www.heart.org](http://www.heart.org)

**New Jersey Department of Education**  
PO Box 500  
Trenton, NJ 08625-0500  
(p) 609-292-5935  
[www.state.nj.us/education/](http://www.state.nj.us/education/)

**New Jersey Department of Health**  
P. O. Box 360  
Trenton, NJ 08625-0360  
(p) 609-292-7837  
[www.state.nj.us/health](http://www.state.nj.us/health)

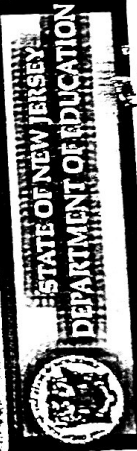
**Lead Author: American Academy of Pediatrics,**  
*New Jersey Chapter*  
**Written by: Initial draft by Sushma Raman Hebbal,**  
**MD & Stephen G. Rice, MD PhD**

**Additional Reviewers:** NJ Department of Education,  
NJ Department of Health and Senior Services,  
American Heart Association/New Jersey Chapter, NJ  
Academy of Family Practice, Pediatric Cardiologists,  
New Jersey State School Nurses

**Revised 2014:** Christene DeWitt-Parker, MSN, CSN, RN;  
Lakota Kruse, MD, MPH; Susan Martz, EdM;  
Stephen G. Rice, MD; Jeffrey Rosenberg, MD;  
Louis Teichholz, MD; Perry Weinstock, MD

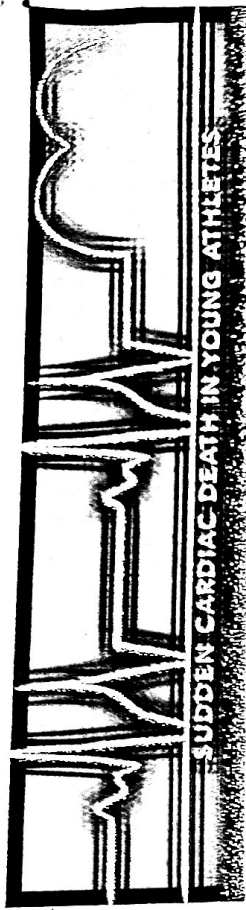
# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on  
Sudden Cardiac Death  
in Young Athletes



**American Heart  
Association**

*Learn and Live*



## 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.

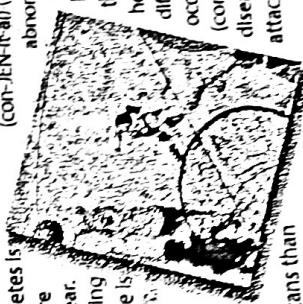


## What is sudden cardiac death in the young athlete?

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.

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).

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.



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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, extra beats) during athletics or during a cool down periods after athletic participation.
- Fatigue or tiring more quickly than peers or
- 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, car accidents. This information must be provided annually for each exam. Because it is so important to identify those at risk for sudden cardiac death, the

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. Other can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This screening of young athletes 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 the playing sporting grounds?

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). Effective September 1, 2014, the New Jersey Department of Education requires that public and nonpublic schools, grades K through 12 shall:

- Have an AED available at every sports event, free of charge, and a time to reach and return with the AED.
- Have a trained personnel who are trained in AED use and CPR practices and gain certification.
- Have a trained athletic trainers trained in basic life support techniques (CPR) and call for help immediately while someone is retrieving the AED.