

**ROXBURY PUBLIC SCHOOLS**  
**SCHOOL PHYSICIAN'S NOTIFICATION OF SPORTS PARTICIPATION**

To the Parent/Guardian of \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

The above named student

1.  May participate with no restrictions
2.  May participate with the following restrictions

CLASSIFICATION OF SPORTS BY CONTACT			
<input type="checkbox"/> <b>Collision/Contact</b>	<input type="checkbox"/> <b>Limited Contact</b>	<b>NON-CONTACT</b>	
		<input type="checkbox"/> <b>Strenuous</b>	<input type="checkbox"/> <b>Non Strenuous</b>
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	Swimming	
	Gymnastics	Tennis	
	Skiing	Track	
	Softball		
	Volleyball		

3.  Conditions requiring special consideration before clearance of sports participation

<ul style="list-style-type: none"> <li>• Atlantoaxial Instability</li> <li>• Hypertension</li> <li>• Dysrhythmia</li> <li>• Heart Murmur</li> <li>• Diabetes Mellitus</li> <li>• Heat Illness History</li> <li>• Hepatomegaly, Splenomegaly</li> <li>• History of repeated concussion</li> <li>• Cystic Fibrosis</li> <li>• One-eyed Athletes or Athletes with vision &gt; 20/40 in one eye</li> </ul>	<ul style="list-style-type: none"> <li>• Bleeding Disorder</li> <li>• Congenital Heart Disease</li> <li>• Mitral Valve Prolapse</li> <li>• Cerebral Palsy</li> <li>• Eating Disorders</li> <li>• One-kidney Athletes</li> <li>• Malignancy</li> <li>• Organ Transplant Recipient</li> <li>• Sickle Cell Disease</li> </ul>
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4.  Other \_\_\_\_\_

Notification regarding this student's participation in athletics is based solely on the medical examination and results submitted by the examining physician, nurse practitioner, or physician's assistant from the student's medical home. The medical report complies with the requirements of NJAC6A:16-2.2.

Notification regarding this student's participation in athletics is based solely on the Athletic Participation Health History Update submitted and signed by the student's parent/guardian.

Explanation \_\_\_\_\_

School Physician's Initials/Stamp: \_\_\_\_\_ Date \_\_\_\_\_