SCHOLASTIC STUDENT-ATHLETE SAFETY ACT
INFORMATION FACT SHEET
FOR PARENTS/GUARDIANS

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each
student-athlete in grades six through 12 must present a completed Preparticipation Physical Evaluation
(PPE) form to the designated school staff member. Important information regarding the PPE is provided
below, and you should feel free to share with your child’s medical home health care provider.

1. The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN)
or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment
professional development module. It is recommended that you verify that your medical
provider has completed this module before scheduling an appointment for a PPE.

2. The required PPE must be conducted within 365 days prior to the first official practice in an
athletic season. The PPE form is available in English and Spanish at
http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf.

3. The parent/guardian must complete the History Form (page one), and insert the date of the
required physical examination at the top of the page.

4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form
(page two), if applicable, for a student with a disability that limits major life activities, and insert
the date of the required physical examination on the top of the page.

5. The licensed physician, APN or PA who performs the physical examination must complete the
remaining two pages of the PPE, and insert the date of the examination on the Physical
Examination Form (page three) and Clearance Form (page four).

6. The licensed physician, APN or PA must also sign the certification statement on the PPE form
attesting to the completion of the professional development module. Each board of education
and charter school or nonpublic school governing authority must retain the original signed
certification on the PPE form to attest to the qualification of the licensed physician, APN or PA to
perform the PPE.

7. The school district must provide written notification to the parent/guardian, signed by the school
physician, indicating approval of the student’s participation in a school-sponsored interscholastic
or intramural athletic team or squad based upon review of the medical report, or must provide the
reason(s) for the disapproval of the student’s participation.

8. For student-athletes that had a medical examination completed more than 90 days prior to the first
official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must
be completed, and signed by the student’s parent/guardian. The HHQ must be reviewed by the
school nurse and, if applicable, the school’s athletic trainer. The HHQ is available at
http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf.

For more information, please review the Frequently Asked Questions which are available at
http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf. You may also direct
questions to SCHOOL DISTRICT INSERT NAME/CONTACT INFORMATION OF
APPROPRIATE STAFF HERE.