

# 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 <b>allergies</b> to medications?  | <b>Y / N / Don't Know</b> |
| g. Any allergies to bee stings, pollen, latex or foods?  | Y / N / Don't Know        |
| (1.) If yes, check type of reaction:   |                           |
| <input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> 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):

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**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):

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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):

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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):

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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):

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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):

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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:

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Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

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General Diagnosis:

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General Recommendations:

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**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: \_\_\_\_\_

\_\_\_\_\_

**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 credits at the conclusion of the school year in order to be eligible for the fall and winter sports programs.
2. All students grades 9-12 must be passing courses earning the equivalent of 13.75 credits at the conclusion of the second marking period in order to be eligible for the spring season.
3. All students' grades 6-8 receiving a final grade of "F" in two or more classes during the previous year will be ineligible for participation in athletics during the first marking period. At the end of the first, second, and third marking periods, students with two or more grades of "F" will be ineligible for participation for the next marking period.
4. Consult with a Guidance Counselor, Coach, or the Athletic Director regarding your eligibility.
5. A student cannot participate if he/she reaches age 19 prior to September 1<sup>st</sup> of the current school year. A 9<sup>th</sup> grader cannot reach age 16 prior to September 1<sup>st</sup> 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 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](http://www.njsiaa.org). (High School only).
- 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. (High School only).
- 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 \_\_\_\_\_

**THE DEADLINE FOR ALL SPORTS FORMS IS \_\_\_\_\_. IF NOT RETURNED BY THIS DATE, THERE IS NO GUARANTEE YOUR STUDENT-ATHLETE WILL BE CLEARED IN TIME FOR THE FIRST PRACTICE.**



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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.

## 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:

**(a) Stimulants**

amiphenazole  
amphetamine  
bemigride  
benzphetamine  
bromantan  
caffeine<sup>1</sup> (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**

**(b) Anabolic Agents**  
**anabolic steroids**

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  
testosterone<sup>2</sup>  
tetrahydrogestrinone  
(THG)  
trenbolone  
**and related compounds**  
**other anabolic agents**  
clenbuterol

**(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:**

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

<sup>2</sup> 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.