

**Cape May Technical High School
Medical Clearance and Physical Examination Requirement: N.J.A.C. 6A:16-2.4**

We suggest that your child's physician use the attached Sports Physical Examination Forms or you may submit the Universal Health Record supplied by your child's physician.

*Please note: If there is **any** chance that your child wants to participate in a school sport the **PREPARTICIPATION PHYSICAL EVALUATION HISTORY and PHYSICAL EXAMINATION FORM must be completed.** These specific forms are required by New Jersey State law.*

In addition, since our school offers vocational programs with real work experiences, this form must be signed and stamped by your child's health care provider.

Dear Health Care Provider,

The level of participation in vocational shops and work programs must be indicated. This is an excellent opportunity to discuss potential career choices at it relates to your patient's health or medical condition.

Please keep in mind the safety of your patient, as well as other students in the vocational shop setting, as our program is a cooperative real work experience designed for employment.

I certify that (Student's Name): _____ D.O.B. ___/___/___

- Has no** health condition, nor concern regarding side effects of currently prescribed medication, that requires restriction in vocational shop activities, work programs or for working papers.
- Has restrictions** for student's participation in vocational shop activities or work programs due to (list diagnosis and/or medication related to restriction): _____.

I have advised that my patient be excluded from: (check restrictions)

- Work involving heights or ladder climbing
- Work that involves waterway activities (risk of drowning)
- Work that involves hazardous machinery and industrial power tools
- Work that involves extended time outdoors in hot or cold temperatures
- Work in industrial and commercial kitchens
- Work that involves heavy lifting: not permitted to lift over _____ pounds
- Work with chemicals or materials that produce dust or fumes
- Work that involves ARC welding
- Work that involves prolonged computer viewing
- Work at marshes or marine habitats
- Work that requires color vision (i.e. electrical wiring, automotive repair, etc.)
- Work involving: (indicate any other precautions needed): _____

Medical Provider's
Signature: _____

Circle one: M.D. D.O. C.N.P. P.A.

Date signed: ___/___/___

Form MUST be stamped by health provider