PRE-PARTICIPATION PHYSICAL EVALUATION (PPE)

Middle School Athletics | NFMSS Member School Form

PART A — STUDENT ATHLETE INFORMATION

Last Name:		**First Name:**		**MI:**	
Date of Birth:		**Age:**		**Grade:**	
School:					
Parent/Guardian Name:					
Address:					
Emergency Contact (if different):					

PART B — MEDICAL HISTORY (Student/Parent Completes)

Please answer YES or NO for each question. If YES, explain below.

Question	Answer
1. Has the athlete ever been told not to participate in sports for any reason?	■ Yes ■ No
2. Has the athlete had a concussion, been knocked out, or had a head injury?	■ Yes ■ No
3. Has the athlete ever had a seizure or been diagnosed with epilepsy?	■ Yes ■ No
4. Has the athlete ever passed out or nearly fainted during or after exercise?	■ Yes ■ No
5. Has the athlete ever had chest pain, palpitations, or shortness of breath during activity?	■ Yes ■ No
6. Has any family member under age 50 died suddenly or unexpectedly?	■ Yes ■ No
7. Does the athlete have asthma, allergies (including bee stings), or anaphylaxis?	■ Yes ■ No
8. Has the athlete ever had a bone, muscle, ligament, or tendon injury requiring treatment?	■ Yes ■ No
9. Has the athlete had surgery or been hospitalized in the past 2 years?	■ Yes ■ No
10. Is the athlete currently taking any prescription or OTC medications or supplements?	■ Yes ■ No
11. Does the athlete have only one of any paired organ (eye, kidney, testicle, ovary)?	■ Yes ■ No
12. Has the athlete ever been diagnosed with heat illness or rhabdomyolysis?	■ Yes ■ No

If YES to any above, explain (include question number):

PART C — PHYSICIAN EXAMINATION (Licensed Provider Completes)

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Height:	____	Weight:	____	BMI:	____
Blood Pressure:	____	Pulse:	____	Vision R:	____
Vision L:	____	Corrected:	■ Yes ■ No		____

Cardiovascular:	■ Normal ■ Abnormal	Notes: ____________________
Pulmonary:	■ Normal ■ Abnormal	Notes: ____________________
Abdomen:	■ Normal ■ Abnormal	Notes: ____________________
Musculoskeletal:	■ Normal ■ Abnormal	Notes: ____________________
Neurological:	■ Normal ■ Abnormal	Notes: ____________________
Skin:	■ Normal ■ Abnormal	Notes: ____________________
HEENT:	■ Normal ■ Abnormal	Notes: ____________________

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Genitourinary:	■ Normal ■ Abnormal	Notes: ______________________

Clearance Status:

■ **CLEARED** — No restrictions	■ **CLEARED WITH RESTRICTIONS** — See notes	■ **NOT CLEARED** — Pending further evaluation

Notes / Restrictions:

Physician/Provider Signature: ______________________ **Date:** ______________________

Printed Name: ______________________ **License # / NPI:** ______________________

Practice Name & Address: ______________________ **Phone:** ______________________

PART D — PARENT/GUARDIAN CONSENT & ACKNOWLEDGMENT

I certify that the information provided above is accurate and complete. I give permission for my child to participate in middle school interscholastic athletics under the auspices of NFMSS-affiliated programs. I acknowledge that sports participation involves inherent risk of injury. I authorize school personnel and medical staff to seek emergency medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: ______________________ **Date:** ______________________

Printed Name: ______________________ **Relationship:** ______________________