

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

PAGE 1 OF 4 — ATHLETE MEDICAL HISTORY FORM

MANDATORY — Complete all 4 pages before first participation

MANDATORY COMPLIANCE: This complete packet must be signed, dated, and on file with the member school's Athletic Director BEFORE a student-athlete may participate in any tryout, practice, scrimmage, or sanctioned contest.

SECTION A — STUDENT-ATHLETE INFORMATION

Full Name: _____ **Date of Birth:** _____

Grade (6, 7, 8): _____ **Gender** M F Other _____ **School:** _____

Home Address: _____

Parent/Guardian Name: _____ **Emergency Phone:** _____

SECTION B — MEDICAL HISTORY QUESTIONS

To be completed by the parent or legal guardian prior to the physical examination. Explain all "Yes" answers in the space provided below.

Question	Response
1. Has a doctor ever denied or restricted your child's participation in sports for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your child have any ongoing medical conditions (asthma, diabetes, allergies, epilepsy, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has your child ever passed out, felt dizzy, or had chest pain during or after exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any family member died suddenly of unexpected heart problems before age 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your child ever suffered a concussion or sustained a traumatic head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your child wear glasses, contacts, or protective eyewear during sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has your child ever been hospitalized or had surgery in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your child currently taking any prescription or over-the-counter medications or supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain all "Yes" answers here (include question number):

SECTION C — PARENTAL CONSENT & ACCURACY SIGN-OFF

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

PAGE 2 OF 4 — PHYSICAL EXAMINATION & MEDICAL ELIGIBILITY

MANDATORY — Complete all 4 pages before first participation

I hereby certify that, to the best of my knowledge, my answers to the above questions are complete and correct. I give my explicit permission for my child to participate in NFMSS education-based scholastic sports.

Parent/Guardian

Signature: _____

Date: _____

AD Verified: PPE on file SCA Sign-off on file Concussion Sign-off on file E-Card on file

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

PAGE 3 OF 4 — SCA & CONCUSSION RECOGNITION WAIVER

MANDATORY — Complete all 4 pages before first participation

To be completed ENTIRELY by a licensed medical professional: MD, DO, NP, or PA. Incomplete examinations will not be accepted.

SECTION A — VITAL SIGNS & MEASUREMENTS

Height: _____ **Weight** : _____ **Blood Pressure:** _____ **Pulse** : _____
Vision Right: 20 / _____ **Vision Left:** 20 / _____ **Corrected** ? Yes No **BMI** : _____

SECTION B — MEDICAL ASSESSMENT BY SYSTEM

Examine each system. Mark Normal or Abnormal. All Abnormal findings must include written comments.

Body System	Focus Area	Normal	Abnormal	Findings / Comments
Heart / Cardiovascular	Murmurs, rhythm, pulses, blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs / Respiratory	Auscultation, breath sounds, airway	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	Reflexes, coordination, concussion history review	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	Neck, spine, shoulders, joints, range of motion, gait	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen / Organs	Organomegaly, tenderness, bowel sounds	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes / Ears / Nose / Throat	Vision screening, tympanic membranes, airway	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	Rashes, lesions, contagious conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary (if applicable)	Single/absent organ, testicular exam if indicated	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION C — CLEARANCE STATUS

CLEARED for all NFMS scholastic sports without restriction.

CLEARED WITH RESTRICTION — Limited to the following sports / activities:

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

PAGE 4 OF 4 — EMERGENCY MEDICAL AUTHORIZATION (E-CARD)

MANDATORY — Complete all 4 pages before first participation

Restriction Details: _____

■ **NOT CLEARED — Pending further evaluation for:**

Reason / Referral: _____

SECTION D — PROVIDER VERIFICATION & SIGNATURE

**Provider Name
(Printed):** _____

Date of Exam: _____

License Number: _____

**Credential
(MD/DO/NP/PA):** _____

**Clinic Name &
Address:** _____

Phone: _____

Email: _____

**Signature of Licensed Medical
Professional:** _____

Mandatory parental AND student athlete signature required under NFMS Health & Safety Regulations. Both parties must sign. This page must be fully executed before participation.

PART 1 — CONCUSSION AWARENESS ACKNOWLEDGMENT

What is a Concussion?

A concussion is a traumatic brain injury caused by a bump, blow, or jolt to the head or body that changes how the brain normally works. A concussion can occur even without a loss of consciousness. You cannot always see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

Common Signs & Symptoms:

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ Headache or pressure in the head ■ Balance problems or dizziness ■ Sensitivity to light or noise ■ Difficulty concentrating or remembering ■ Confusion or feeling 'not right' | <ul style="list-style-type: none"> ■ Nausea or vomiting ■ Double or blurry vision ■ Feeling sluggish, foggy, or groggy ■ Loss of consciousness (even briefly) ■ Sleep disturbance (more or less than usual) |
|---|--|

NFMS PROTOCOL: Any athlete suspected of sustaining a concussion will be IMMEDIATELY REMOVED from play. They may NOT return to any NFMS activity until they complete a supervised Return-to-Play progression AND receive written medical clearance from a licensed physician. No same-day return under any circumstances.

PART 2 — SUDDEN CARDIAC ARREST (SCA) AWARENESS ACKNOWLEDGMENT

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating, cutting off blood flow to the brain and vital organs. SCA is NOT a heart attack. It is an electrical malfunction that can strike anyone — even young, apparently healthy athletes. SCA is a medical emergency that can be fatal within minutes if not treated immediately with CPR and an AED (Automated External Defibrillator). SCA is one of the leading causes of sudden death in young athletes.

Warning Signs — Seek Immediate Medical Attention:

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Fainting or near-fainting during or after exercise ■ Extreme, unexplained shortness of breath during exercise ■ Dizziness or lightheadedness during activity | <ul style="list-style-type: none"> ■ Chest pain or discomfort during activity ■ Racing, fluttering, or irregular heartbeat during activity ■ Family history of SCA or unexplained death under age 50 |
|--|---|

WAIVER & SIGN-OFF — BOTH PARTIES MUST SIGN

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

MANDATORY — Complete all 4 pages before first participation

By signing below, we acknowledge that we have received and read the NFMSS Concussion and Sudden Cardiac Arrest informational content above. We understand the risks associated with continued play after a suspected head or cardiovascular injury. We agree that the athlete will immediately report any symptoms to the coach or athletic trainer, and will not return to play without proper medical clearance. We understand this is a binding condition of participation in all NFMSS-affiliated athletic programs.

Athlete Signature:

Date:

Athlete Printed Name:

Parent/Guardian

Signature:

Date:

**Parent/Guardian Printed
Name:**

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

MANDATORY — Complete all 4 pages before first participation

👉 COACH INSTRUCTION: Photocopy this page and keep it in the team medical kit at ALL events. The original stays on file with the Athletic Director.

ATHLETE IDENTIFICATION

Athlete Name: _____ **Sport:** _____ **Grade:** _____

Date of Birth: _____ **School Year:** _____ **School:** _____

EMERGENCY CONTACTS

Contact	Name	Relationship	Phone (Cell)	Alt. Phone
Primary Contact				
Secondary Contact				
Emergency Contact #3				

CRITICAL MEDICAL INFORMATION

Known Allergies (food, medication, insect stings, environmental): _____

Current Medications (name, dose, frequency): _____

Known Medical Conditions / Diagnoses: _____

Carries EpiPen? ■ Yes ■ No Carries Inhaler? ■ Yes ■ No Other device: _____

Preferred Hospital / Medical Facility: _____

HEALTH INSURANCE INFORMATION

Insurance Provider: _____ **Policy/Group #:** _____

Subscriber Name: _____ **Member ID:** _____

Insurance Phone: _____ **Subscriber DOB:** _____

OFFICIAL PRE-PARTICIPATION PHYSICAL EVALUATION & ATHLETE CLEARANCE PACKET

MANDATORY — Complete all 4 pages before first participation

CONSENT TO EMERGENCY TREATMENT

In the event that a parent or emergency contact cannot be reached, I hereby give consent for NFMS team coaches, certified athletic trainers, and school administrators to authorize emergency medical treatment, diagnostic imaging (X-rays), or hospitalization for my child by a licensed physician or medical facility. I understand that every effort will be made to contact me prior to any treatment.

Parent/Guardian

Signature: _____

Date: _____

Printed Name: _____ **Relationship to Athlete:** _____

FOR ATHLETIC DIRECTOR USE ONLY: ■ Page 1 signed & complete ■ Page 2 — Provider signature on file ■ Page 3 — Athlete & Parent both signed ■ Page 4 — E-Card copied for team kit ■ Full packet verified — Athlete CLEARED to participate