The Medical Eligibility Form is the only form that should be submitted to nonmedical personnel at a school or sports organization.

■ PREPARTICIPATION EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Biological Sex: Male _____ Female _____

SHARED EMERGENCY INFORMATION

Medical Conditions (Check all that apply)

☐ Anaphylaxis ☐ Asthma ☐ Cardiac Condition ☐ Concussion History ☐ Diabetes ☐ Heat Stroke/ Rhabdomyolysis

☐ Missing Organ ☐ POTS ☐ Seizures ☐ Sickle Cell Disease ☐ Sickle Cell Trait ☐ Stinger History

☐ Other (Specify): _____

_____

☐ Known triggers for conditions listed above (eg, exercise, weather): _____

_____

☐ Environmental & Food Allergies: _____

_____

Condition-Specific Activity Guidelines

☐ Emergency Medications (eg, inhaler, EpiPen): _____

☐ Medications used before, during, or after activity (eg, inhaler before exercise, insulin): _____

_____

☐ Activity Modifications (eg, limit exertion, monitor symptoms, extra hydration breaks): _____

_____

☐ Other: _____

For Evaluating Health Care Professional

☐ Medically eligible for all sports and activities without restriction

☐ Medically eligible for all sports and activities without restriction, with recommendations for further evaluation or treatment of: _____

_____

☐ Medically eligible **AFTER** evaluation and clearance for: _____

_____

☐ Medically eligible for certain sports and activities (list the specific sports or type of sports): _____

_____

☐ Not medically eligible for any sports or activities

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address:_____ Phone:_____

Signature of health care professional: _____, MD, DO, ARNP, PA or ND

Legal Guardian Acknowledgment to Share With Individual's School or Sports Organizations

☐ I acknowledge that this form may contain protected medical information and authorize its sharing with the participant's school, coaches, and relevant personnel.

Legal guardian name (print or type): _____

Signature of legal guardian: _____ Date:_____

Emergency contacts: _____

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