



# **NSI 2026 MANDATORY INFORMATION PACKAGE**



DEPARTMENT OF THE NAVY  
NAVAL SERVICE TRAINING COMMAND  
2601A PAUL JONES ST  
GREAT LAKES, IL 60088-5000

1533  
Ser N04/11349  
21 Nov 25

Dear Midshipman Candidate,

**Please read this letter carefully!** As a required step in becoming a Naval ROTC Midshipman (MIDN) you must successfully complete New Student Indoctrination (NSI), a 2.5-week course that takes place onboard Recruit Training Command (RTC) Great Lakes, IL. The three NSI training periods being held this summer are 4 – 22 June for Cycle 1, 25 June – 13 July for Cycle 2, and 16 July – 3 Aug for Cycle 3. Your travel to and from your home will be funded by the U.S. Navy for this event.

NSI is **one of several mandatory requirements** Midshipman Candidates (MC) must successfully complete to activate an NROTC scholarship. NSI is a challenging course which will test you mentally, morally, and physically. It is designed to equip you with the basic knowledge required to be successful in your new role as an NROTC midshipman and as a Naval Officer, later in the Fleet.

### **NSI PACKAGE INFORMATION**

To be assigned to NSI, you must submit a complete NSI Mandatory Information Package to the Candidate Midshipman Guidance Office (CMGO). All documents and files listed on the NSI Package Checklist are **MANDATORY**. When filling out your NSI Student Information Sheet, **you MUST tell the CMGO about any commitments you have that prevent you from attending any of the three NSI training periods.**

Once you have completed your NSI package, make copies of everything for your records and mail all original documents via US Postal Service Flat Rate Priority Mail to:

Naval Service Training Command  
Attn: Candidate Midshipman Guidance Office (CMGO)  
320A Dewey Ave, Building 3, Room 106  
Great Lakes, IL 60088-2911

NSI Package due dates are listed in the table below. Early package submission is strongly encouraged. Late packages **WILL NOT** be accepted.

<b>NSI PACKAGE DUE DATE</b>	
<b>If you accepted your 4-Year Navy or Marine NROTC National Scholarship in:</b>	<b>Your package must be postmarked by:</b>
October, November, December	Wednesday, 1 April 2026
January, February, March	Friday, 1 May 2026
April, May	Friday, 12 June 2026
<b>Or if you are a:</b>	<b>Your package must be postmarked by:</b>
Current College Program Student applying for a Side Load Scholarship in July 2026	Wednesday, 1 April 2026
NROTC Preparatory Program Student	Friday, 1 May 2026
All other College Program Students	Friday, 12 June 2026



Once the CMGO receives your package and determines it is complete, you will be contacted with your assigned training period and your NROTC unit will schedule your travel to/from NSI. Once again, **you MUST identify any commitments you have prior to being assigned to training.**

### Medical Requirements

To be medically eligible to participate in NSI, you must have a complete Preparticipation (Sports) Physical signed by your primary care provider, and you must be medically eligible without restriction during the current school year (3 August 2025 to present). If you've suffered an injury that required surgery or physical therapy, you must get a new sports physical. If you are not medically eligible without restriction, you will be on medical hold (and ineligible to activate your scholarship) until your Department of Defense Medical Evaluation Board (DODMERB) physical is complete, and you will be required to attend NSI the following summer.

**NOTE:** The Preparticipation (Sports) Physical does not replace the requirement for you to be DoDMERB qualified or to be granted a Bureau of Medicine and Surgery (BUMED) waiver to activate your NROTC Scholarship.

All MCs are required to provide a copy of their immunization record as proof that they have received all mandatory vaccinations listed on the NSI Package Checklist. A newborn sickle cell blood test (SCT) is also required prior to participating at NSI. If your SCT test is positive, please contact the CMGO for further guidance. Most states required newborn SCT testing beginning in 1990, for information on how to contact your birth state public health department please visit the [Health Resources and Services Administration](#) website.

The wearing of contact lenses at NSI is prohibited and MCs who arrive without glasses will be sent home. Everything else you need will be issued to you during the first day.

### Preparing for Physical Training (PT)

It is imperative that you take your physical training seriously in the months preceding NSI and arrive in good physical condition. Navy and Nurse Option MCs must pass the Body Composition Assessment (BCA) and score "Good Low" in the 20-24 age group in all Navy Physical Readiness Test (PRT) events (e.g. push-ups, forearm planks and 1.5-mile run) for scholarship activation.

Marine Option MCs must score a minimum of **200 points** for their current age group on their initial Physical Fitness Test (PFT) during their freshman year (or 1<sup>st</sup> year in the NROTC Program if joining after their freshman year). The Marine Option PFT consists of pull-ups (or push-ups), planks, and a timed 3-mile run.

For additional information on physical fitness requirements and for links to download approved Navy and Marine Corps PT applications, please visit the [New Student Indoctrination](#) website.

### Arriving at NSI

If traveling by air, you will need an [acceptable form of identification](#) for airport security. Your travel orders will be provided to you by your assigned NROTC unit. You are required to report to NSI in appropriate business casual civilian attire (polo shirts, shorts/pants). While at NSI, you will be in a military basic training environment and will be expected to follow all lawful orders given to you by active-duty military personnel.

When you arrive at RTC, you will be required to purchase toiletry and personal items. To facilitate military training, these items are required to be purchased at RTC for uniformity. A haircut that meets Navy grooming requirements is included in this cost. Female MCs are responsible to bring feminine hygiene products. It is mandatory that you bring \$300 to pay for the above-mentioned items and any incidental expenses. Do not bring prepaid cards that require PIN setups, as there have been

issues with these types of cards being declined. We recommend using debit cards, actual credit cards, or cash. Cash is recommended only as a last option, as lost cash leaves a student no recourse to recover the funds or dispute its use by someone else.

Please check [our website](#) regularly for important updates on NSI such as examples of how to fill out mandatory forms, packing list items, and graduation information. The items on the packing list will be the only items you are authorized to bring. Personal luggage shall not be larger than a backpack.

After successful completion of NSI, you will be given your personal NSI folder. You will be responsible for bringing this with you and giving it to your NROTC unit when you check in at the start of the fall semester. Do not leave it at home or lose it!

Please bookmark the links in this letter for future reference. Welcome aboard!

Sincerely,

ADAMS.CHRISTOPHER.  
WAYNE.1094981456

Digitally signed by  
ADAMS.CHRISTOPHER.WAYNE.1094981456  
Date: 2025.11.24 15:21:44 -06'00'

C. W. Adams  
Captain, U.S. Navy  
Director of Officer Development

**Naval Reserve Officers Training Corps (NROTC)  
New Student Indoctrination (NSI) Package Checklist**

OMB CONTROL NUMBER: 0703-0026  
OMB EXPIRATION DATE: 01/31/2026

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that, notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.**

Responses should be sent to:

**Naval Service Training Command**  
Candidate Midshipman Guidance Office (CMGO)  
Building 3, Room 106  
320A Dewey Avenue  
Great Lakes, IL 60088-2911

**PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

**PURPOSE(S):** To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

**ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

**DISCLOSURE:** Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNS can be found at the following link(s):

[http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01\\_131-1.aspx](http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx),  
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.



**Initial in each box to certify that the MANDATORY documents listed are contained within your NSI submission package. Affix this completed page to the top of your submission package, and mail to the address above. All medical documentation must include legal first and last names and date of birth.**

INITIALS	DOCUMENTS INCLUDED
_____	1533/174 NSI New Student Information Sheet
_____	1533/173 NROTC Standard Release Form
_____	American Academy of Family Physicians Preparticipation (Sports) Physical Evaluation History (2023) AND Physical Examination Forms, 2019 version (This is a 4 page document that is valid for 365 days and must not expire during NSI)
_____	Copy of immunization record with documentation of the four (4) following vaccines:
_____	*One Dose of ACWY Meningococcal Vaccine (for example MCV vaccine) on or after 16 <sup>th</sup> birthday
_____	*Two Doses of Mumps, Measles, Rubella (MMR) Vaccine at least 28 days apart
_____	*Two Doses of Varicella (Chicken Pox) Vaccine or Titer Test From Lab Documenting Immunity
_____	*One Dose of TDaP Vaccine within the last 10 years
_____	Newborn Sickle Cell Blood Test
_____	Provider notes stating a student's Sickle Cell Trait status <b>WILL NOT</b> be accepted, only lab results.

**\*\* I \_\_\_\_\_ acknowledge that the Sports Physical is a requirement to attend New Student Indoctrination (NSI) and DOES NOT meet the military accessions physical examination requirement to activate my NROTC Scholarship. I acknowledge and understand that in order to meet the military accessions physical examination requirement, to activate my NROTC Scholarship, I must be found physically qualified by the Department of Defense Medical Evaluation Board (DoDMERB) OR receive an approved medical waiver from the Bureau of Medicine and Surgery (BUMED) AND Naval Service Training Command (NSTC).**

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NROTC NEW STUDENT INDOCTRINATION (NSI) INFORMATION SHEET

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

### AGENCY DISCLOSURE NOTICE:

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### PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974.

#### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers), and System of Records Notice(s) (SORN) N01131-1 and N0180-3.

**PURPOSE(S):** The primary use of this information is for officials to administer the Naval Reserve Officers Training Corps (NROTC) Program, and to set forth the terms and conditions, including military service obligations, under which the Navy will be providing an NROTC scholarship. The information will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

**ROUTINE USE(S):** These records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll, and those of the Veterans Administration, and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided may be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process. Information provided on this form is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNS can be found at the following link(s):

[http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01\\_131-1.aspx](http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx),  
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Please complete all items legibly.

All fields ARE REQUIRED to register NSI participants in training and healthcare systems prior to the start of training.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Enter FULL 9 digit number

Date of Birth: \_\_\_\_\_

Enter as MM/DD/YYYY

Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Single, Married, Divorced, Widowed

Ethnicity: \_\_\_\_\_

Check the boxes below

<b>Ethnic Code:</b> You may select as many of the ethnic categories that you feel apply to you. This data is used solely for statistical purposes	<input type="checkbox"/> (1) Other Hispanic Descent	<input type="checkbox"/> (6) Mexican	<input type="checkbox"/> (G) Chinese	<input type="checkbox"/> (S) Latin American with
	<input type="checkbox"/> (2) U.S./Canadian Indian	<input type="checkbox"/> (7) Eskimo	<input type="checkbox"/> (H) Guamanian	Hispanic Descent
	Tribes	<input type="checkbox"/> (8) Aleut	<input type="checkbox"/> (J) Japanese	<input type="checkbox"/> (V) Vietnamese
	<input type="checkbox"/> (3) Other Asian Descent	<input type="checkbox"/> (9) Cuban	<input type="checkbox"/> (K) Korean	<input type="checkbox"/> (W) Micronesian
	<input type="checkbox"/> (4) Puerto Rican	<input type="checkbox"/> (D) Indian/Pakistani	<input type="checkbox"/> (L) Polynesian	<input type="checkbox"/> (X) Caucasian/White
<input type="checkbox"/> (5) Filipino	<input type="checkbox"/> (E) Melanesian	<input type="checkbox"/> (Q) Other Pacific Island	<input type="checkbox"/> (Y) Black/African	
		Descent	American	

Religious Preference: \_\_\_\_\_

Sex (for berthing purposes): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### Home of Record (HOR)

(Often Parent's address):

Street \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_

Parent/Guardian 1 Full Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Parent/Guardian 1 Contact Phone #: \_\_\_\_\_ Phone Type? \_\_\_\_\_

Parent/Guardian 2 Full Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Parent/Guardian 2 Contact Phone #: \_\_\_\_\_ Phone Type? \_\_\_\_\_

NROTC OPTION: Check one ☐ Navy ☐ Nurse ☐ Marine Corps

Date of High School Graduation: \_\_\_\_\_

Do you have any commitments that prevent you from attending any of the NSI training iterations? ☐ YES ☐ NO

If YES, for which dates are you unavailable? \_\_\_\_\_

DoD Identification Number (for military dependents only): \_\_\_\_\_

Midshipman Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) STANDARD RELEASE FORM

OMB CONTROL NUMBER: 0703-0026  
OMB EXPIRATION DATE: 01/31/2026

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**PURPOSE(S):** The primary use of this information is for officials to administer the Naval Reserve Officers Training Corps (NROTC) Program, and to set forth the terms and conditions, including military service obligations, under which the Navy will be providing an NROTC scholarship. The information will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

**ROUTINE USE(S):** These records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll, and those of the Veterans Administration, and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided may be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process. Information provided on this form is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNS can be found at the following link(s):

<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,  
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.



## 2. Effective Period

This authorization for release of information covers the period from:

a. ☐ \_\_\_\_\_ to \_\_\_\_\_.

**OR**

b. ☐ All past, present, and future periods.

## 3. Extent of Authorization

a. ☐ I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

**OR**

b. ☐ I authorize the release of my complete health record with the *exception* of the following information:

☐ Mental health records

☐ Communicable diseases (including HIV and AIDS)

☐ Alcohol/drug abuse treatment

☐ Other (please specify): \_\_\_\_\_

4. This medical information may be used by the individual(s) I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization, or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_



**CONSENT OF PARENT(S) OR GUARDIAN(S)**

**(To be completed and notarized if the MC is under 18 years of age)**

I certify that I am the parent or legal guardian of the MC who has signed this form in the above signature block.

I have read and understand this form.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ mobile or landline? (Circle Type)

---

**Notary Public Verification of Parent/Legal Guardian Signature**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn (or affirmed) before me on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Signature of Notary Public

Title of Office: \_\_\_\_\_

My commission expires: \_\_\_\_\_

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

☐ Three shots ☐ Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			





This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

**Disclaimer:** Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

- ☐ Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

- ☐ Not medically eligible pending further evaluation

- ☐ Not medically eligible for any sports

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, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_