



2024 New Student Indoctrination (NSI) Mandatory Information Package





DEPARTMENT OF THE NAVY
 NAVAL SERVICE TRAINING COMMAND
 2601A PAUL JONES STREET
 GREAT LAKES, ILLINOIS 60088-2845

1533
 Ser N04/5442
 01 Nov 2023

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 6 – 24 June for Cycle 1, 27 June – 15 July for Cycle 2, and 18 July – 5 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 naval knowledge required to be successful in your new role as an NROTC midshipman and later, as a Naval/Marine Corps Officer in the Fleet.

NSI PACKAGE INFORMATION

In order to be assigned to an NSI cycle, 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.

NSI PACKAGE DUE DATE	
If you accepted your 4-Year Navy or Marine NROTC National Scholarship in:	Your package must be postmarked by:
October, November, December	Monday, 1 April 2024
January, February, March	Wednesday, 1 May 2024
April, May	Friday, 14 June 2024

NSI PACKAGE DUE DATE	
Or if you are a:	Your package must be postmarked by:
Current College Program Student applying for a Side Load Scholarship in July 2024	Monday, 1 April 2024
NROTC Preparatory Program Student	Friday, 14 June 2024
All other College Program Students	Friday, 14 June 2024

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 complete a Pre-participation Physical (Sports Physical) signed by your primary care provider and you must be medically eligible for all sports without restriction during the current school year (15 August 2023 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 for all sports without restriction, you will be on medical hold until your DODMERB physical is complete and you will be required to attend NSI the following summer.

All Midshipman Candidates 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 is also required prior to participating at NSI. If your Sickle Cell Test (SCT) 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 [Centers for Disease Control and Prevention \(CDC\) website](https://www.cdc.gov).

The wearing of contact lenses is prohibited and candidates who arrive without prescribed glasses will be sent home. A packing list will be provided via our website, but all required uniform items 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 meet the minimum standards on the Navy Physical Readiness Test (PRT) in the table below for scholarship activation.

Navy Scholarship Activation PRT Standard			
	Push-Ups	Forearm Planks	1.5-mile run
Males	47 (2 min)	1:40	12:00
Females	21 (2 min)	1:30	14:15

Minimum Navy and Nurse Option Scholarship PRT Standards. *Candidates should start preparing in advance, to ensure they meet and exceed these standards.*

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 1st 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 [NROTC Physical and Medical Requirements](#).

Arriving at NSI

It is important that you arrive at NSI with a government issued “Real ID” and your travel orders provided by your 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 candidates 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. A prepaid purchase card (Visa, MasterCard, or AMEX) is highly recommended.

Please check [our website](#) regularly for important information on NSI such as, examples of how to fill out mandatory forms, packing list items, graduation information and updates. The items on the packing list will be the only items you are authorized to bring. Personal luggage should 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,



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. 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/n01131-1.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
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_____	1533/174 NSI New Student Information Sheet
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_____	1533/173 NROTC Standard Release Form
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_____	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)
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_____	Copy of immunization record with documentation of the four (4) following vaccines:
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*One Dose of ACWY Meningococcal Vaccine (for example MCV vaccine) on or after 16th birthday

_____	*Two Doses of Mumps, Measles, Rubella (MMR) Vaccine at least 28 days apart
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_____	*Two Doses of Varicella (Chicken Pox) Vaccine or Titer Test From Lab Documenting Immunity
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_____	*One Dose of TDaP Vaccine within the last 10 years
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_____	Newborn Sickle Cell Blood Test
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_____	Provider notes stating a student's Sickle Cell Trait status WILL NOT be accepted, only lab results.
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Candidate Signature: _____

Date: _____

NROTC NEW STUDENT INDOCTRINATION (NSI) INFORMATION SHEET

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

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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/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

Ethnic Code: You may select as many of the ethnic categories that you feel apply to you.	<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 Tribes	<input type="checkbox"/> (7) Eskimo	<input type="checkbox"/> (H) Guamanian	Hispanic Descent
	<input type="checkbox"/> (3) Other Asian Descent	<input type="checkbox"/> (8) Aleut	<input type="checkbox"/> (J) Japanese	<input type="checkbox"/> (V) Vietnamese
	<input type="checkbox"/> (4) Puerto Rican	<input type="checkbox"/> (9) Cuban	<input type="checkbox"/> (K) Korean	<input type="checkbox"/> (W) African American/Black
	<input type="checkbox"/> (5) Filipino	<input type="checkbox"/> (D) Indian/Pakistani	<input type="checkbox"/> (L) Polynesian	<input type="checkbox"/> (X) Caucasian/White
	<input type="checkbox"/> (E) Melanesian	<input type="checkbox"/> (Q) Other Pacific Island Descent	<input type="checkbox"/> (Y) Other	

Religious Preference: _____

Gender (for berthing purposes): _____

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	<input type="checkbox"/> Navy	<input type="checkbox"/> Nurse	<input type="checkbox"/> Marine Corps
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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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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/6410/n01080-3.aspx>.

1. I, _____, a Midshipman Candidate (MC) of the Naval Reserve Officers Training Corps (NROTC), in consideration of basic participation in NROTC sponsored extracurricular activities, to wit NROTC New Student Indoctrination in June, July, or August 20____, do hereby release the government of the United States and all its officers, representatives, and agents acting officially, and also all local, regional, and national Navy Officials of the United States, from any and all claims, demands, actions, or causes of action, death, injury, or illness, except as provided under 10 USC 1074b, Medical and dental care: Academy cadets and midshipmen; members of, and designated applicants for membership in, Senior ROTC.

I hereby authorize personnel of the Department of the Defense, Armed Forces, Public Health Service, and/or civilian physicians, to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understand that if I am injured in the line of duty during this training evolution, I may file a claim under the Federal Employee's Compensation Act (FECA 5 USC 8101, et seq.). The claim will be administered by the U.S. Department of Labor (DOL). If any such claim is denied, I may be responsible for the cost of all medical care.

I understand that care at a military medical treatment facility (MTF) for non-military dependents will be rendered on a temporary (emergency) basis only; if further care is indicated, I will be transferred to non-military care as soon as possible. Emergency care provided at an MTF to MC who are not military dependents may be subject to reimbursement, and I may be billed for the care provided. For Navy MTF, such care is authorized by BUMED INSTRUCTION 6320.103.

I have no known medical conditions that might preclude, or limit in any way, participation in NROTC sponsored extracurricular activities.

HIPAA Privacy Authorization Form for Use or Disclosure of Protected Health Information

Required by the Health Insurance Portability and Accountability Act (HIPAA)
45 CFR Parts 160 and 164

Authorization

I authorize NSI personnel and/or a Federal Health Care Center (FHCC) to use and disclose my Protected Health Information (PHI) described below to the entity(ies) noted below:

BUMED
FAX: 571-316-1527
OR VIA
DOD SAFE (<https://safe.apps.mil/>)

DoDMERB
email: dha.ncr.dod-merb.mbx.helpdesk@health.mil

For additional recipients:

Provide Name, Address, Contact Telephone Number, and Relationship to yourself for each authorized individual)

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 ≥ 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?			

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No	
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
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"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a 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: _____
