



NMAA 2020-2021 PREPARTICIPATION EXAMINATION WAIVER FORM

*As a result of the COVID-19 pandemic, the following form may be used to waive the annual preparticipation examination requirement for returning Students. This form will only be accepted for the 2020-2021 school year.

NAME (Last, First, MI): _____ AGE: _____ GRADE: _____ DATE OF BIRTH: ___/___/___
 SCHOOL: _____ SPORTS: _____
 ADDRESS: _____
 HOME PHONE: _____ CELL PHONE: _____ OTHER(S): _____

Check YES or NO boxes for each question.

- | Date of Last Sports Physical | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you receive a preparticipation examination (sports physical) on or after April 1, 2019? | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Risk Questions | | |
| 2. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last year, have you passed out or nearly passed out <i>during or after</i> exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained death before age 35 (including an unexplained drowning or unexplained car accident)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you tested positive for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has anyone in your immediate family tested positive for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been in close contact with anyone who has tested positive for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |

Parents or Legal Guardians: Please note any health concerns, medications, allergies that may be important for the athletic/activities director and/or coaches to know.

"I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities. Additionally, I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic."

 Parent or Legal Guardian Signature

 Date

 Student Signature

 Date

School Personnel Review

For School Use Only

- Question 1: NO – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
- Question 2-4: YES – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
- Questions 5-10: YES – Student requires written clearance from an approved HCP.

NOTES:

CLEARED FOR SPORTS: YES NO