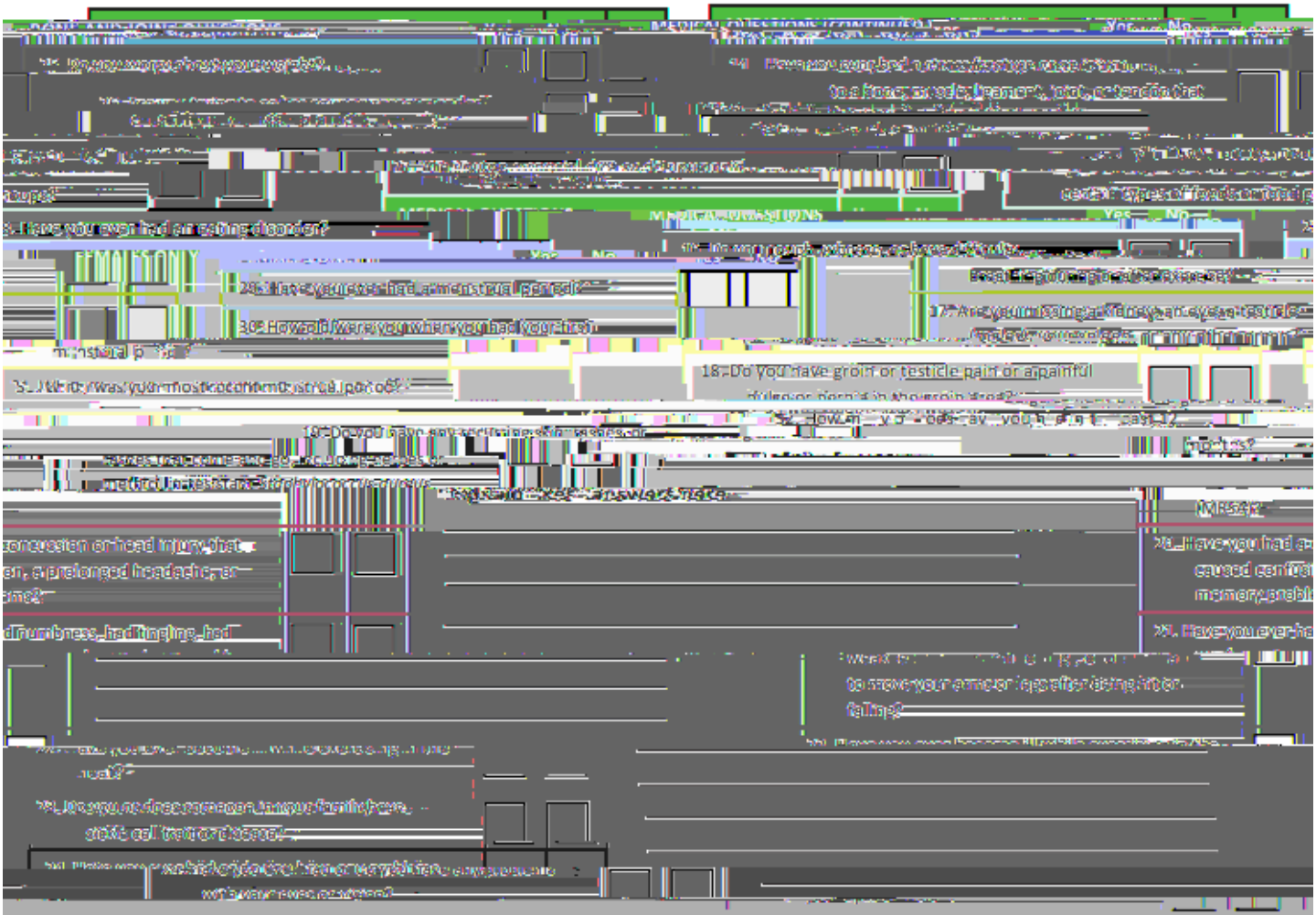
NCISAA

HISTORY FORM pg. 2 – to be signed by the parent or legal custodian



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

PREPARTICIPATION PHYSICAL EVALUATION

Date of birth:

☐ Medically eligible for all sports without restrictions

☐ Medically eligible for all sports without restrictions with recommendations for further evaluation or treatment

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

Recommendations: