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Nevada Interscholastic Activities Association

1188 Victorian Plaza Circle · Sparks, Nevada 89431 · (775) 453-1012 · www.niaa.com

Parents and Guardians,

The NIAA Board of Control approved the American Academy of Pediatrics Preparticipation Physical Evaluation forms on January 18, 2023. On April 2, 2025, the Board approved updated language on the forms aligning with the new NIAA Student Eligibility and Participation Position Statement.

The Pre-Participation forms consist of seven pages.

Students are required to submit page 7 of the **Medical Eligibility Form** to the school.

All other pages, the **Health History Form** (available in Spanish), and the **Physical Examination Form** must remain on file with the student's medical provider and are not to be submitted to the school.

The healthcare provider should provide detailed information about any current medication, relevant surgeries or medical conditions, and any affirmative responses from the Health History Form on the sports clearance page entitled **Medical Eligibility Form**. This form will be submitted to the school.

The most updated form indicated by the footer date "6/5/2025", must be used for all student-athletes, **NO exceptions**.

If you have any questions, please contact your school's Athletic Office.

Thank you.

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Padres y Tutores,

La Junta de Control de la NIAA aprobó los formularios de Evaluación Física de Preparación para la Participación de la Academia Americana de Pediatría el 18 de enero de 2023. El 2 de abril de 2025, la Junta aprobó el lenguaje actualizado en los formularios alineados con la nueva Declaración de Posición de Elegibilidad y Participación Estudiantil de la NIAA.

Los formularios de pre-participación constan de siete páginas.

Los estudiantes deben presentar a la escuela la página 7 del Formulario de Elegibilidad Médica.

Todas las demás páginas, el Formulario de historial médico (disponible en español) y el Formulario de examen físico deben permanecer en los archivos del proveedor médico del estudiante y **no deben** presentarse a la escuela.

El proveedor de atención médica debe proporcionar información detallada sobre cualquier medicación actual, cirugías o afecciones médicas relevantes, y cualquier respuesta afirmativa del Formulario de historial médico en la página de autorización deportiva titulada Formulario de elegibilidad médica. Este formulario se enviará a la escuela.

El formulario más actualizado, indicado por la fecha en el pie de página "5/6/2025", debe ser utilizado para todos los estudiantes-atletas, SIN excepciones.

Si tiene alguna pregunta, póngase en contacto con la Oficina de Atletismo de su escuela.

Gracias.



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NIAA Pre-Participation Physical Evaluation Form - FAQs

The NIAA Board of Control approved updated language to the American Academy of Pediatrics Preparticipation Physical Evaluation forms on April 2, 2025, to align with the newly adopted NIAA Student Eligibility and Participation Position, approved on the same date. Below are responses to frequently asked questions regarding the updated language.

What revisions were made to the forms?

Medical professionals are now required to indicate the student's "Birth Sex Per Patient History" and check either "Medically eligible for girls sports" or "Medically eligible for boys sports", based on the student's birth sex, on the Medical Eligibility Form. Additionally, medical professionals must initial the Medical Eligibility Form, confirming they have reviewed the student's History Form and provided all relevant medical information to the school to support athletic personnel in supervising and caring for the student-athlete.

Why were these changes made?

The updates were made to comply with Title IX of the Educational Amendments of 1972, 20 U.S.C. §1681 ("Title IX"), and Executive Orders issued by President Trump that ensure biological males do not participate in girls' sports. The new initial requirement was added in response to recent incidents in Nevada in which critical medical information was not properly completed on the Medical Eligibility Form.

What if the student's gender identity differs from the student's birth sex?

The medical professional is only required to identify on the Medical Eligibility Form the student's biological sex. This is necessary to ensure that biological male students participate against other biological male students, and do not participate in girls' sports.

Is the medical professional required to perform any new testing with these revisions?

No. These revisions do not require any additional testing. Medical professionals must complete the Medical Eligibility Form in full, based on the student's history provided by the student as well as their parent or guardian, and the physical examination, typically conducted for sports clearance.

What if my medical professional will not complete the revised section?

A fully completed Medical Eligibility Form is required for participation in NIAA-sanctioned athletic programs. We recommend confirming in advance that your provider will complete the updated form before scheduling the physical.

What other changes have been made to the Medical Eligibility Form?

The NIAA Board of Control approved relocating the section that identifies critical medical information, such as allergies and medications, to appear above the healthcare professional's signature. Additionally, the language for "Other Information" was clarified to include "Medical Conditions and/or Surgeries" and "Any relevant YES answers on History Form". These changes ensure that medical professionals have the opportunity to provide critical information, as appropriate, enhancing the NIAA's ability to support the safe participation of student-athletes.

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

The Medical Eligibility Form (PAGE 7) 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): _____

Birth Sex (M/F): _____ Differences of Sex Development (DSD) Y/N: _____ Comment: _____

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	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?		

DO NOT SHARE

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 (males), 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?		
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?		
FEMALES ONLY	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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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: _____

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

■ PREPARTICIPATION PHYSICAL EVALUATION

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:	Birth Sex (M/F):
SRY Screen Result* (optional) <input type="checkbox"/> SRY+ <input type="checkbox"/> SRY-		
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
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 positive SRY result will only be eligible for boy's sports on the Medical Eligibility Form unless cleared to have no male androgenization (e.g. CAIS).

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, PA or DC

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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: _____

Submit this form ONLY (page 7) to the school or sports organization.

■ **PREPARTICIPATION PHYSICAL EVALUATION**

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____ Date of exam: _____

Birth Sex Per Patient History (M/F): _____ ☐ Medically eligible for girls sports ☐ Medically eligible for boys sports

"Male" means a person belonging to the sex intended to produce the small reproductive cell. "Female" means a person intended to produce the large reproductive cell.

I have reviewed the History Form for the student named on this form and will provide all relevant information below. The information provided below will be used to assist athletic personnel, which may include but is not limited to an athletic administrator, athletic director, and/or athletic trainer, in the supervision and treatment of the student named on this form.

INITIALS of Health Care Professional: _____

Allergies: _____

Medications: _____

Medical Conditions and/or Surgeries: _____

Any relevant YES answers on History Form: _____

MARK ONE:

☐ 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, PA or DC

Health Care Professional License Number: _____