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STATE HIGH SCHOOL  
ASSOCIATIONS

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**TO:** House Ways and Means Committee

**BILL:** House Bill (HB) 837 - Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening

**DATE:** February 25, 2026

**POSITION:** Letter of Information

The Maryland Public Secondary Schools Athletic Association (MPSSAA) submits this written informational only testimony for House Bill 837 (HB837), *Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening*. The MPSSAA acknowledges the critical importance of ensuring the health and safety of student-athletes and supports measures that protect their well-being during high school sports events. The MPSSAA respectfully requests the following information be taken into consideration regarding the possible impacts of House Bill 837.

HB 837 requires cardiovascular prescreening as part of the preparticipation physical evaluation (PPE). In May 2024, the MPSSAA, in consultation with its Medical Advisory Committee—including physicians, pediatricians, school health professionals, and athletic trainers—adopted an updated PPE reflecting the most current medical guidance related to cardiovascular prescreening. The revised PPE incorporates a thorough review of individual medical history, family medical history, and cardiovascular risk factors. It also includes a clearly highlighted statement advising consideration of an electrocardiogram (ECG), echocardiogram, and referral to cardiology when an abnormal cardiac history, examination finding, or family history is present to address the risk of Sudden Cardiac Arrest and Sudden Cardiac Death.

The MPSSAA has concerns regarding provisions that would require the Maryland State Department of Education (MSDE) to oversee training and continuing education for physicians conducting cardiovascular screening. Neither the MPSSAA nor MSDE has the statutory authority, resources, medical infrastructure, or professional network necessary to provide or mandate physician training and continuing education. Additionally, members of the MPSSAA Medical Advisory Committee serve in a volunteer capacity and do not have the ability to assume these expanded responsibilities.

The MPSSAA is also concerned about the requirement that a physical examination occur no earlier than 90 days prior to the start of the academic year. Limiting examinations to a June–August window may create access and affordability challenges for students and families. Insurance providers may restrict coverage for multiple physicals within a calendar year, and the concentrated demand during summer months could strain both families and healthcare providers, potentially limiting timely access to required evaluations.

The MPSSAA supports appropriate and evidence-based medical screening for high school student-athletes and respectfully asks the Committee to consider the potential impact of HB 837, particularly with respect to access, affordability, and practical implementation.

The MPSSAA respectfully request that you consider this information as you deliberate HB 837. For further information, please contact Andy Warner, MPSSAA Executive Director, at 410-767-0376, or [Robert.warner1@maryland.gov](mailto:Robert.warner1@maryland.gov).



## MARYLAND PUBLIC SECONDARY SCHOOL ATHLETIC ASSOCIATION (MPSSAA)

### Recommended Preparticipation Physical Form

#### MPSSAA Medical Advisory Committee

## Student Athlete and Parent/Guardian Check list for Sports Registration

- \_\_\_\_\_ 1. Please make sure to read all information that your school provides about Eligibility, Expectations, Tryouts, Practice & Game Schedules, Transportation (to and from games), Login to the School System Registration website.
- \_\_\_\_\_ 2. Page 2: Health History form. This is filled out by the student athlete & parent/guardian. Please fill out the Student Athlete Health History form, take it to the Pre-participation Physical Exam (PPE) appointment and review with the Healthcare Professional. Make sure to clarify/explain any questions that you have answered "YES". Please keep a copy to turn into the school.
- \_\_\_\_\_ 3. Page 3: Pre-participation Physical Exam (PPE). This will be completed by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Certified Registered Nurse Practitioner (CRNP) or Physician Assistant – Certified (PA-C) only.  
*Pre-participation Physical may not be completed/signed by a parent/guardian even if they are a licensed healthcare professional.*
- Before leaving the appointment, please make sure the following have been completed:
    - \_\_\_ The Healthcare provider signed, dated, and stamped the PPE.
    - \_\_\_ The Healthcare provider has checked off the appropriate participation in athletics box.
    - \_\_\_ You have both the Health History form and Pre-participation, Physical Exam (PPE) form. (you will need to provide both forms to the school during sports registration)
- \_\_\_\_\_ 4. Page 4: Emergency Information Form (to be completed and signed by parent/guardian). This information will be shared with the coach(es) in case of an emergency at practice/game.
- \_\_\_\_\_ 5. Students who require medication at school (including during school team practices or games) must have a doctor's order on file with the school's nurse for each medicine. Please visit this link and take this form to your Healthcare provider for school medication administration authorization. (This needs to be completed each year) [School Medication Administration Authorization Form \(marylandpublicschools.org\)](https://marylandpublicschools.org)

The information provided on the Health History and Pre-Participation Physical is considered confidential medical records, it is established and maintained for every student. The confidentiality of a student's medical records information is protected under the federal Family Education Rights and Privacy Act (FERPA), Maryland state law and/or the local school system policy, as applicable.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

***Completion of the Preparticipation Physical is a requirement for student-athlete participation in interscholastic athletics. Falsifying information, forging signatures, or misrepresentation of a student's physical fitness compromises the health and safety of the student and may lead to penalties assessed by the local educational agency, including potential determination of ineligibility.***



**PART III- PHYSICAL EXAMINATION**

**(Pre-participation Physical may not be completed/signed by a parent/guardian even if a licensed healthcare professional)**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	Sex Assigned at Birth
BP /	RR	Resting pulse
Vision	R 20/	L 20/
Corrected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Pediatric Population &gt; 13 years and older within normal limits = BP (F) 102-121/64-79 mmHg BP (M) 102-124/64-80 mmHg</b> <b>RR 12-20 breaths per minute Pulse 55-90 bpm</b>		
<b>MEDICAL</b>		<b>NORMAL</b>
<b>ABNORMAL FINDINGS</b>		
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Neck - Lymph nodes, thyroid enlargement		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses (radial, femoral, pedal)		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurologic (cranial nerve and gait)		
<b>MUSCULOSKELETAL</b>		<b>NORMAL</b>
<b>ABNORMAL FINDINGS</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop, or step drop test)		
Consider ECG, Echocardiogram, and referral to cardiology if abnormal cardiac history/exam or family history to address Sudden Cardiac Arrest & Sudden Cardiac Death risk. Consider cognitive evaluation or baseline neuropsychiatric testing if history of significant prior to concussion.		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed the student’s medical history form and make the following commendations for the students’ participation in athletics:

**Healthcare Professional completed and reviewed a Mental Health Screening with the athlete.**

MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: \_\_\_\_\_  
Reason: \_\_\_\_\_

NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA) + **DATE\*\***: \_\_\_\_\_

EXAMINER’S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Physician Office Stamp:**

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted.

PART IV- EMERGENCY INFORMATION FORM\* (To be completed and signed by the parent/guardian)

Please Print

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

SPORT(S): \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency:**

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER? (circle only one) YES NO

IS THE STUDENT CURRENTLY PRESCRIBED AN EPI PEN? (circle one one) YES NO

Primary Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_

Parent/Guardian signature

Date: \_\_\_\_\_ PARENT/GUARDAIN NAME (PLEASE PRINT) \_\_\_\_\_

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.