PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY REVISED 8-14-03 This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event. _Sex _____ Age___ Date of Birth Address _ Phone Grade Personal Physician_ In case of emergency, contact: _Relationship __ ____Phone (H) ____ Explain "Yes" answers below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 requires further medical evaluation which may include a physical examination. See Below* Yes No Yes 1. Have you had a medical illness or injury since your last check up 10. Have you had any problems with your eyes or vision? or sports physical? 11. Are you missing any paired organs? Have you been hospitalized overnight in the past year? 12. Do you use any special protective or corrective equipment or Have you had surgery in the past year? devices that aren't usually used for your sport or position (for Are you currently taking any prescription or non-prescription example, knee brace, special neck roll, foot orthotics, retainer (over-the-counter) medication or pills or using an inhaler? on your teeth, hearing aid)? Have you ever had a sprain, strain, or swelling after injury? 13. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you broken or fractured any bones or dislocated any Have you ever passed out during or after exercise? joints? Have you had any other problems with pain or swelling in Have you ever been dizzy during or after exercise? muscles, tendons, bones, or joints? Have you ever had chest pain during or after exercise? If yes, check appropriate box and explain below. Do you get tired more quickly than your friends do during exercise' Head Elbow Hip Have you ever had racing of your heart or skipped heartbeats? Thigh Neck Forearm Have you had high blood pressure or high cholesterol? Back Wrist Knee Have you ever been told you have a heart murmur? Chest Hand Shin/Calf Has any family member or relative died of heart problems or of Shoulder Finger Ankle sudden unexpected death before age 50? Upper Arm Foot Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's Do you want to weigh more or less than you do now? 14. syndrome, or abnormal heart rhythm)? Have you had a severe viral infection (for example, myocarditis Do you lose weight regularly to meet weight requirements for or mononucleosis) within the last month? your sport? Has a physician ever denied or restricted your participation in 15. Do you feel stressed out? sports for any heart problems? Record the dates of your most recent immunizations (shots) for: Do you have any current skin problems (for example, itching, Measles rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Hepatitis B Chickenpox 17. Are you under a doctor's care? Have you ever been knocked out, become unconscious, or lost Females Only vour memory? If yes, how many times? When was the last concussion? When was your first menstrual period? How severe was each one? (Explain below) When was your most recent menstrual period? Have you ever had a seizure? How much time do you usually have from the start of one Do you have frequent or severe headaches? period to the start of another? Have you ever had numbness or tingling in your arms, hands, How many periods have you had in the last year? legs, or feet? What was the longest time between periods in the last year? Have you ever had a stinger, burner, or pinched nerve? *Explain "Yes" answers here: (A "yes" on questions 1, 2, 5, 7, 11 or 17 requires Have you ever become ill from exercising in the heat? a further medical evaluation which may include a physical examination. Written Have you ever gotten unexpectedly short of breath with exercise? clearance from a physician, physician assistant, or nurse practitioner is required before any participation in UIL practices, games or matches. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment? It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. Baseball Football Softball Wrestling To the Parent: Tennis Check any activity in which this Golf Swimming & Diving Track & Field Basketball student is allowed to participate. Cross Country Soccer Team Tennis Volleyball I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent/Guardian Signature:

Student Signature:

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name		Sex		Age	_ Date of B	irth		
Height Weight	% Body fat	(optional)		Pulse	BP	/(/	_,)
Vision R 20/ L 20/		Corrected:	Y N		Pupils:	Equal	Unec	լual
As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It <i>must</i> be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * <i>Local district policy may require an annual physical exam</i> . NORMAL ABNORMAL FINDINGS INITIALS*								
MEDICAL	NORMAL		AI	DNORWIAL I	FINDINGS			INITIALS.
Appearance								-
Eyes/Ears/Nose/Throat								
Lymph Nodes								
Heart-Auscultation of the heart in								
the supine position.								
Heart-Auscultation of the heart in								
the standing position.								
Heart-Lower extremity pulses								
Pulses	 							
Lungs								
Abdomen	-							
Genitalia (males only)								
Skin MUSCULOSKELETAL								
Neck								
Back								-
Shoulder/Arm								
Elbow/Forearm								
Wrist/Hand								
Hip/Thigh								
Knee								
Leg/Ankle								
Foot								
*station-based examination only								
CLEARANCE								
☐ Cleared								
Cleared after completing evaluation/rehabilitation for:								
Not cleared for:								
Recommendations:								
								
The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of								
Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a								
Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.								
Name (print/type)	·			•		1		
Address:								
Phone Number:								
Signature:								

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.