STudent NAME (last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREPARTICIPATION PHYSICAL EVALUATION-Medical History

Please answer each question by circling “YES” or “NO”. If you do not know the answer circle the question.

1.Have you had a medical illness or injury since your last check up

 or sports physical? YES NO

2. Have you been hospitalized overnight in the past year? YES NO

 Have you ever had surgery? YES NO

3. Have you ever had prior testing for the heart ordered by a physician? YES NO

 Have you ever passed out during or after exercise? YES NO

 Have you ever had chest pain during or after exercise? YES NO

 Do you get tired more quickly than your friends do during exercise? YES NO

 Have you ever had racing of your heart or skipped heartbeats? YES NO

 Have you had high blood pressure or high cholesterol? YES NO

 Have you ever been told you have a heart murmur? YES NO

 Has any family member or relative died of heart problems or of sudden

 unexpected death before age 50? YES NO

 Has any family member been diagnosed with enlarged heart,

 (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome

 or other ion channelopathy (Brugada syndrome), Marfan’s syndrome,

 or abnormal heart rhythm? YES NO

 Have you had a severe viral infection (for example, myocarditis or mononucleosis)

 within the last month? YES NO

 Has a physician ever denied or restricted your participation in sports for any

 heart problems? YES NO

4. Have you ever had a head injury or concussion? YES NO

 Have you ever been knocked out, become unconscious, or lost your memory? YES NO

 If yes, how many times? \_\_\_\_When was the last concussion? \_\_\_\_\_\_\_\_\_\_\_\_

 How severe was each one? (Explain below)

 Have you ever had a seizure? YES NO

 Do you have frequent or severe headaches? YES NO

 Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO

 Have you ever had a stinger, burner, or pinched nerve? YES NO

5. Are you missing any paired organs? YES NO

6. Are you under a doctor’s care? YES NO

7. Are you currently taking any prescription or non-prescription

 (over the counter) medication or pills or using an inhaler YES NO

8. Do you have any allergies (to pollen, medicine, food, or stinging insects)? YES NO

9. Have you ever been dizzy during or after exercise YES NO

10. Do you have any current skin problems (itching, rashes, acne, warts

 fungus, or blisters)? YES NO

11. Have you ever become ill from exercising in the heat? YES NO

12. Have you had any problems with your eyes or vision? YES NO

13. Have you ever gotten unexpectedly short of breath with exercise? YES NO

 Do you have asthma? YES NO

 Do you have seasonal allergies that require medical treatment? YES NO

14. Do you use any special protective or corrective equipment or devices that aren’t

 usually used for your sport or position (for example, knee brace, special neck roll,

 foot orthotics, retainer on your teeth, hearing aid)? YES NO

15. Have you ever had a sprain, strain, or swelling after injury? YES NO

 Have you broken or fractured any bones or dislocated any joints? YES NO

 Have you had any other problems with pain or swelling in muscles, tendons,

 bones, or joints? YES NO

If yes, check appropriate box and explain below.

 \_\_\_ Head \_\_\_ Elbow \_\_\_\_Hip \_\_\_ Neck \_\_\_ Forearm \_\_\_ Thigh \_\_\_ Back

 \_\_\_ Wrist \_\_\_ Knee \_\_\_ Chest \_\_\_\_ Hand \_\_\_ Shin/Calf \_\_\_ Shoulder

 \_\_\_ Finger \_\_\_ Ankle \_\_\_Upper Arm \_\_\_Foot

16. Do you want to weigh more or less than you do now? YES NO

 Do you lose weight regularly to meet weight requirements for your sport? YES NO

17. Do you feel stressed out? YES NO

18. Have you ever been diagnosed with or treated for sickle cell trait or

 Sickle cell disease? YES NO

***Females Only***

19. When was your first menstrual period? \_\_\_\_\_When was your most recent menstrual period?\_\_

 How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_

 How many periods have you had in the last year? \_\_\_\_\_\_\_

 What was the longest time between periods in the last year? \_\_\_\_\_\_

***Males Only***

20. Do you have two testicles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Do you have any testicular swelling or masses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Explain “Yes” answers here:*** *A “yes” on questions 1, 2, 3, 4, 5, or 6 requires a* further medical evaluation, which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches) \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.*

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 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, athletic 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 participation, 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.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ID#\_\_\_\_\_\_\_\_\_\_\_\_\_** G**RADE (2020-21):** \_\_\_\_\_\_\_\_\_ **School: \_\_\_\_\_\_\_\_\_\_**

SPORT(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

### 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 must be completed if there are yes answers to specific questions on the students Medical History Form. The LISD requires annual completion of this form.

Sex: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_ Weight\_\_\_\_\_\_ %Body Fat\_\_\_\_ Pulse\_\_\_\_\_\_\_

BP\_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)-brachial blood pressure while sitting

Vision R 20/\_\_\_\_\_\_ L 20/\_\_\_\_\_\_ Corrected: Y N Pupils: Equal OR Unequal

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICAL | **NORMAL** | **ABNORMAL FINIDINGS** | **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 pulse |  |  |  |
| Pulses |  |  |  |
| Lungs |  |  |  |
| Abdomen |  |  |  |
| Genitalia (males only) |  |  |  |
| SkinMarfan’s Stigmata |  |  |  |
| MUSCULOSKELETAL |  |  |  |
| Neck |  |  |  |
| Back |  |  |  |
| Shoulder/Arm |  |  |  |
| Elbow/Forearm |  |  |  |
| Wrist/Hand |  |  |  |
| Hip/Thigh |  |  |  |
| Knee |  |  |  |
| Leg/Ankle |  |  |  |
| Foot |  |  |  |

**CLEARANCE {Please check one}**

 **Cleared (No restrictions)**

 Cleared **after** completing evaluation/rehabilitation for:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Not cleared for*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

 **Physician Name (print/type):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **An electrocardiogram (ECG) is not required**. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

***FOR SCHOOL USE ONLY***:

*This medical history form was reviewed by:*

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_

Online Form Instructions

Parent/Guardian: Before your child is able to participate in athletics you will need to complete the following:

- Navigate to https://lewisvilleisd.rankonesport.com

- Select Electronic Participation Forms drop down tab (Available in Spanish)

- Complete the page (***you will need your athlete’s first name, last name, student ID#, and school attending***)

- You will need to check that you have read and agree with the presented material:

 □ UIL Steroid Form

□ UIL Acknowledge of Rules

□ UIL Cardiac Awareness Form

□ UIL Concussion Form

□ Extracurricular Code of Conduct Form

□ Emergency Travel Card

□ Medical Info Release

- Student and Parent/Guardian will need to provide signature at the end of the page along with a working email address.

-

* ***Once you have completed the online forms, medical history, physical exam, athlete contact information portion of this form and turned it in to the Athletic Trainers (High School)/Coach (Middle School), then your child will be eligible to participate in athletics (this includes practices during, before, after school, and offseason).***