April 16, 2021

X Student ID # _____

**This form may ONLY be returned to a HS Staff Athletic Trainer or MS Head Coach when completed.**
***This form must be on file prior to participation in any practice, scrimmage or contest before, during or after school.***

| Student Name LAST | Student Name FIRST | Grade 21 - 22 school year | Date of Birth |
|---|---|---|---|
| | | | |

| Student Address (Street, City, Zip Code) | Student Phone | Age | Sex |
|---|---|---|---|
| | | | |

*In case of Emergency contact:*

| Name | Relationship | Phone | Cell Phone |
|---|---|---|---|
| | | | |

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.

**Explain "Yes" answers in the box below****
**Circle questions to which you do not know the answer**

| | | Yes | No |
|---|---|---|---|
| 1 | Have you had a medical illness or injury since your last check up or sports physical? | ☐ | ☐ |
| 2 | Have you been hospitalized overnight in the past year? | ☐ | ☐ |
| | Have you ever had surgery? Date of the surgery_____ | ☐ | ☐ |
| 3 | Have you ever had prior testing for the heart ordered by a physician? | ☐ | ☐ |
| | Have you ever passed out during or after exercise? | ☐ | ☐ |
| | Have you ever had chest pain during or after exercise? | ☐ | ☐ |
| | Do you get tired more quickly than your friends do during exercise? | ☐ | ☐ |
| | Have you ever had racing of your heart or skipped heartbeats? | ☐ | ☐ |
| | Have you had high blood pressure or high cholesterol? | ☐ | ☐ |
| | Have you ever been told you have a heart murmur? | ☐ | ☐ |
| | Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | ☐ | ☐ |
| | Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm)? | ☐ | ☐ |
| | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ☐ | ☐ |
| | Has a physician ever denied or restricted your participation in sports for any heart problems? | ☐ | ☐ |
| 4 | Have you ever had a head injury or concussion? | ☐ | ☐ |
| | Have you ever been knocked out, become unconscious, or lost your memory? | ☐ | ☐ |
| | If yes, how many times? | _____ | |
| | When was the last concussion? | ☐ | ☐ |
| | How severe was each one? (Explain below) | | |
| | Have you ever had a seizure? | ☐ | ☐ |
| | Do you have frequent or severe headaches? | ☐ | ☐ |
| | Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ☐ | ☐ |
| | Have you ever had a stinger, burner, or pinched nerve? | ☐ | ☐ |
| 5 | Are you missing any paired organs? | ☐ | ☐ |
| 6 | Are you under a doctor's care? | ☐ | ☐ |
| 7 | Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | ☐ | ☐ |
| 8 | Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ☐ | ☐ |
| 9 | Have you ever been dizzy during or after exercise? | ☐ | ☐ |
| 10 | Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | ☐ | ☐ |
| 11 | Have you ever become ill from exercising in the heat? | ☐ | ☐ |
| 12 | Have you had any problems with your eyes or vision? | ☐ | ☐ |

| | | Yes | No |
|---|---|---|---|
| 13 | Have you ever gotten unexpectedly short of breath with exercise? | ☐ | ☐ |
| | Do you have Asthma? | ☐ | ☐ |
| | *** If yes, complete both sides of the Asthma Action Form** | | |
| | Do you have an inhaler? | ☐ | ☐ |
| | Do you have seasonal allergies that require medical treatment? | ☐ | ☐ |
| 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)? | ☐ | ☐ |
| 15 | Have you ever had a sprain, strain, or swelling after injury? | ☐ | ☐ |
| | Have you broken or fractured any bones or dislocated any joints? | ☐ | ☐ |
| | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | ☐ | ☐ |
| | If yes, check appropriate box and explain below. | | |

☐ 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? | ☐ | ☐ |
| | Do you lose weight regularly to meet weight requirements for your sport? | ☐ | ☐ |
| 17 | Do you feel stressed out? | ☐ | ☐ |
| 18 | Have you ever been diagnosed with or treated for sickle cell trait or sickle cell diseases? | ☐ | ☐ |
| | ***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? | _____ | |

☐ **An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain and ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. 2019 HB 76**
**I understand it is the responsibility of my family to schedule and pay for an ECG.**

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)

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, 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 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.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

X Student Signature: _____ X Parent/Guardian Signature: _____ Date: _____

**Any yes answer to questions, 1, 2, 3, 4, 5 or 6, may require further medical evaluation, which may include a physical exam. The written clearance from a Physician, Physician Assistant, Chiropractor, or Nurse Practitioner is required before any participation in UIL practices, games or matches.**

***For School Use only:*** ***Athletic Trainers Signature:*** _____ ***Date*** _____

April 16, 2021

**PRE-PARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height_____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)

Brachial blood pressure while sitting

Vision R 20/_____ L 20/_____ Corrected: ☐Y ☐N Pupils: ☐Equal ☐Unequal

This **Physical Examination Form** must be completed prior to Middle School or High School athletic participation.

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|---|---|---|---|
| **MEDICAL** | | | |
| Appearances | | | |
| 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 | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |
| **MUSCULOSKELETAL** | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |
| | | | |

*station-based examination only

☐Cleared

☐Cleared after completing evaluation/rehabilitation for: _____

_____

☐Not cleared for:_____ Reason: _____

Recommendations:_____ _____

Physical Examination must be performed and signed on or after April 1, 2021 to be valid for participation in sports for the 21-22 school year.

*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) _____ Date of Examination:_____

Address:_____

Phone Number:_____

Signature:_____

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

Updated March 18, 2021