PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

Have you had a medical illness or injury since your last check	Student's Name: (print) Sex Age										
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Males Only Have you ever had a stinger, burner, or pinched nerve? Image: Solution of the stinger is the st				Wł	at was the longest	time betwe	een periods in the la	st year?	?		
Are you missing any paired organs?	ç	_	_	Males Or	ly						
Are you under a doctor's care? Image: Construction of pills or using an inhaler? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Image: Construction of pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Image: Construction of pills or using an inhaler? Image: Construction of pills or using an inhaler? Have you ever been dizzy during or after exercise? Image: Construction of pills or using an inheler? Image: Construction of pills or using an inheler? 0. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Image: Construction of pills or using in the heat? Image: Construction of pills or using an inhaler? 1. Have you ever become ill from exercising in the heat? Image: Construction of pills or using an inhaler? Image: Construction of pills or using an inhaler?				20. Do	you have two test	ticles?					
Are you currently taking any prescription or non-prescription An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. 0 you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): #*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): Have you ever become ill from exercising in the heat? 				21. Do	you have any test	icular swel	ling or masses?				
(over-the-counter) medication or pills or using an inhaler? issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. b oy ou have any allergies (for example, to pollen, medicine, food, or stinging insects)? issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician assistant, chiropractor, or nurse practitioner. 0. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? image: state s				An ind	vidual answering in the	e affirmative t	o any question relating t	to a nossit	ole cardiovascu	lar heal	th
 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? 	(over-the-counter) medication or pills or using an inhaler?				0		•••	•			
food, or stinging insects)? Image: Stinging insects)? . Have you ever been dizzy during or after exercise? Image: Stinging insects)? 0. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Image: Stinging in the heat? 1. Have you ever become ill from exercising in the heat? Image: Stinging in the heat? Image: Stinging in the heat?	. Do you have any allergies (for example, to pollen, medicine,					d and cleared	by a physician, physicia	n assistan	it, chiropractor	, or nur	se
0. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? I. Have you ever become ill from exercising in the heat? I. Have you ever become ill from exercising in the heat? Image: Content of the problems of the probl				practit	oner.						-
rashes, acne, warts, fungus, or blisters)? 1. Have you ever become ill from exercising in the heat?				**EXI	PLAIN 'YES' ANSW	ERS IN TH	E BOX BELOW (atta	ch anoth	er sheet if nec	essary)	c
1. Have you ever become ill from exercising in the heat?	0. Do you have any current skin problems (for example, itching,										
	1. Have you ever become ill from exercising in the heat?										
	2. Have you had any problems with your eyes or vision?										
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.		e athlete, v	vheneve	r needed, the	possibility of an acci	ident still ren	mains. Neither the U	niversity	Interscholast	ic Leag	zue
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		lent should	need in	mediate care	and treatment as a re	esult of anv	injury or sickness. I d	lo hereby	request. auth	orize.	and

in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury of sickness, i do hereby request, autorize, 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 here	by state that, to the best of my knowledge, my ans	wers to the above questions are complete and correct.	Failure to provide truthful responses could
subje	t the student in question to penalties determined b	by the UIL	
Studen	Signature:	Parent/Guardian Signature:	Date:

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires 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. *For School Use Only:*

This Medical History Form was reviewed by: Printed Name_

Date

Signature

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name		Sex	Age	Date of Birth_		
Height	Weight	% Body fat (optional)	Pulse	BP	/ (brachial blo	_/,/) od pressure while sitting
Vision: R 20/	L 20/	Corrected: D Y	□ N	Pupils:	Equal	□ Unequal

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 student's MEDICAL HISTORY FORM on the reverse side. * Local district policy may require an annual physical exam.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
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			
Marfan's stigmata (arachnodactyly,			
pectus excavatum, joint			
hypermobility, scoliosis)			
MUSCULOSKELETAL	1		
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			

*station-based examination only

CLEARANCE

□ Cleared

Foot

Cleared after completing evaluation/rehabilitation for:

□ Not cleared for: Reason:

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) _____ Date of Examination: _____ 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.
