PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

| Student's Name: (print) | | | SexAge | | | Date of Birth | | | | _ |
|--|---|---------|-----------|--|---------------|-----------------------|------------|----------------|---------|--------|
| Address | | | | | | one | | | | |
| Grade School | | | | | | | | | | |
| Personal Physician | | | | | Pho | one | | | | _ |
| In case of emergency, contact: | | | | | | | | | | |
| NameRelationship | | | Phone | (H) | (W |) | | | | |
| ain "Yes" answers in the box below**. Circle questions you do | | | | | `` | , | | | | _ |
| | | | | | | | | | V | |
| Have you had a medical illness or injury since your last check | | No D | 13. | Have you ever | gotten unex | pectedly short of b | oreath wit | th | Yes | י [|
| ip or physical? | | - | 15. | exercise? | | | | | | |
| Have you been hospitalized overnight in the past year? | | | | Do you have as | thma? | | | | | I |
| Have you ever had surgery? | | | | Do you have se | asonal aller | gies that require n | nedical tr | eatment? | | I |
| Have you ever had prior testing for the heart ordered by a | | | 14. | Do you use any | special pro | tective or correcti | ve equipr | nent or | | I |
| hysician? | _ | _ | | devices that are | n't usually u | ised for your activ | ity or pos | sition | | |
| Have you ever passed out during or after exercise? | | | | (for example, k | nee brace, s | pecial neck roll, fo | oot orthot | tics, | | |
| Have you ever had chest pain during or after exercise? | | | | retainer on your | | | | | | |
| Do you get tired more quickly than your friends do during | | | 15. | | | n, strain, or swellin | | | | [|
| exercise? | _ | _ | | Have you brok | en or fractu | red any bones or d | lislocated | l any | | [|
| Have you ever had racing of your heart or skipped heartbeats? | | | | joints? | | | | | | |
| Have you had high blood pressure or high cholesterol? | | | | • | • | oblems with pain | or swelli | ing in | | |
| Have you ever been told you have a heart murmur? | | | | muscles, tendo | | - | | | | |
| Has any family member or relative died of heart problems or of | | | | If yes, check a | propriate b | ox and explain be | low: | | | |
| udden unexpected death before age 50? | | | | | | | | | | |
| Has any family member been diagnosed with enlarged heart, | | | | □ Head | | Elbow | | Hip | | |
| dilated cardiomyopathy), hypertrophic cardiomyopathy, long | | | | Neck | | Forearm | | Thigh | | |
| QT syndrome or other ion channelpathy (Brugada syndrome, | | | | Back | | | | Knee | | |
| tc), Marfan's syndrome, or abnormal heart rhythm? | | | | □ Chest | | Hand | | Shin/Calf | | |
| Have you had a severe viral infection (for example, | | | | □ Shoulder | | 0 | | Ankle | | |
| nyocarditis or mononucleosis) within the last month? | | | | Upper Ar | | Foot | | | | |
| Has a physician ever denied or restricted your participation in | | | 16. | | | re or less than you | u do now | ? | | [|
| ctivities for any heart problems? | | | 17. | Do you feel st | essed out? | | | | | 0 |
| Have you ever had a head injury or concussion? | | | 18. | Have you ever | been diagn | osed with or treat | ed for sic | ckle cell | | [|
| Have you ever been knocked out, become unconscious, or lost | | | | trait or sickle of | - | | | | _ | |
| your memory? | | | Females C | Inly | | | | | | |
| f yes, how many times? | | | 19. WI | nen was your first | menstrual p | eriod? | | | | |
| When was your last concussion? | | | | ien was your most | | | | | | |
| How severe was each one? (Explain below) | _ | | | w much time do y | ou usually ł | have from the star | t of one p | period to the | start o | of |
| Have you ever had a seizure? Do you have frequent or severe headaches? | | | | other? | | | | | | |
| 5 1 | _ | _ | | w many periods h | | | | | | |
| Have you ever had numbness or tingling in your arms, hands, | | | WI | hat was the longes | time betwe | een periods in the | last year? | ? | | |
| egs or feet? | _ | _ | Males Or | ıly | | | | | | |
| Have you ever had a stinger, burner, or pinched nerve? | | | 20. De | o you have two tes | ticles? | | | | | |
| Are you missing any paired organs? | | | 21. Do | 21. Do you have any testicular swelling or masses? | | | | | | |
| Are you under a doctor's care? Are you currently taking any prescription or non-prescription | | | An | electrocardiogran | (ECG) is r | ot required. By cl | necking th | his box. I ch | oose t | 0 |
| over-the-counter) medication or pills or using an inhaler? | | | | an ECG for my s | | | | | | |
| Do you have any allergies (for example, to pollen, medicine, | | | unders | tand the informa | tion about | cardiac screenir | ng. I uno | derstand it | is th | e |
| bo you have any anergies (for example, to ponen, medicine, bodd, or stinging insects)? | | | respon | sibility of my fam | ly to schedu | ule and pay for su | ch ECG. | | | |
| Have you ever been dizzy during or after exercise? | - | - | | | | | | | | = |
| | | | EXPLA | IN 'YES' ANSWER | S IN THE BO | OX BELOW (attach | another sh | eet if necessa | ry): | |
| Do you have any current skin problems (for example, itching, ashes, acne, warts, fungus, or blisters)? | | | | | | | | | | |
| Have you ever become ill from exercising in the heat? | | | | | | | | | | |
| Have you had any problems with your eyes or vision? | | | | | | | | | | |

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

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 Student 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, PERFORMANCE 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 blog | _/,/) od pressure while sitting |
| Vision: R 20/ | L 20/ | Corrected: \Box Y | □ N | Pupils: | □ Equal | □ Unequal |

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school 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 | | | |
| 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: ______ Reason: ______

Recommendations:

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

_____Reason: _____