## **'18 – '19**

## PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

**REVISED 2-22-18** 

Address   Phone   Personal Physician   Phone   P	Student's Name: (print)		_sex _	A	rge	Date of Birth		
Personal Physician   Phone   P	Address					Phone		
It mere you had an excital illness or injury since your last check you were grotten unexpectedly short of breath with your evertainties of injury since your last check you were grotten unexpectedly short of breath with your evertainties of unjury since your last check you were grotten unexpectedly short of breath with your govern plants. They you been hospitalized overnight in the past year?	ID# Grade Entering '18-'19 School	ol						
Name						Phone		
lare you had a medical illness or injury since your last check you go you have a submar?  I save you been hospitalized overnight in the past year?  I save you been hospitalized overnight in the past year?  I save you ever had sugger?  I save you ever had prior testing for the heart ordered by a hypotical physician?  I save you ever had prior testing for the heart ordered by a hypotical you ever passed out during or after exercise?  I save you ever had a spatial, strain, or swelling after injury?  I save you ever had a spatial, strain, or swelling after injury?  I save you ever had a spatial, strain, or swelling after injury?  I save you ever had a spatial, strain, or swelling after injury?  I save you had supposed of heart problems or of udden unexpected death before age 507  I save you had supposed by the save a heart murmur?  I save you had any other problems with pain or swelling in muscles, tendous, bones, or joints?  I save you had any other problems with pain or swelling in muscles, tendous, bones, or joints?  I save you do the before age 507  I save you were had a head injury or concussion?  I y syndrome or other on channelpathy (Rignagda syndrome, co.), Martial's syndrome, or abnormal heart rhythm?  I y syndrome or other on channelpathy (Rignagda syndrome, co.), Martial's syndrome, or abnormal heart rhythm?  I save you ever had a head injury or concussion?  I save you ever had a head injury or concussion?  I save you ever had a sectious?  I y show many time?  I have you were hospital head of the star problems of one of the star problems?  I save you ever had a sectious?  I you were hospital head one of the star problems of one of the star problems?  I save you ever had a sectious?  I y you have a say praid or gans?  I save you were had a head injury or concussion?  I save you ever had a sectious?  I you were had a sectious one of the star problems of one of the star problems of the star problems?  I save you were had a head injury or concussion?  I save you were had a stinger, burner, or pinched neve?								
The you had a medical illness or injury since your last check					H)	(W)		
is awe you had a medical illness or injury since your last check	nin "Yes" answers in the box below**. Circle questions you d	on't know	the answ	wers to.				
por os ports physically as you be shoopsilatized overnight in the past year?								Yes
iance you been hospitalized overnight in the past year?				13.		otten unexpectedly short of breath wi	ith	
lawe you werk had surgery?						ma?		
law you ever had prior testing for the heart ordered by a hysician?	Have you ever had surgery?				•		reatment?	
devices that aren't usually used for your sport or position (for law you ever had chest pain during or after exercise?				14.				
lave you ever had chest pain during or after exercise?	•							_
Do you get tired more quickly than your friends do during services?    15.   Have you so ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints?   15.   Have you broken or fractured any bones or dislocated any joints?   16.   Have you broken or fractured any bones or dislocated any joints?   16.   Have you had any other problems with pain or swelling after injury? It was you were benefit of the attent murnur?							retainer	
Have you broken or fractured any bones or dislocated any law you ever had racing of your heart or skipped heartheats?				15				_
lawe you had high blood pressure or high cholestero!?  It was you were been told you have a heart murmur?  It is any family member or relative died of heart problems or of left fyes, check appropriate box and explain below:  It was not many member been diagnosed with enlarged heart, list any family member or relative died of heart problems or of left fyes, check appropriate box and explain below:  It was any family member been diagnosed with enlarged heart, list any family member or relative died of heart problems or of left files any family member or relative died of heart problems or of left files any family member or relative died of heart problems or of left files any family member or abnormal heart rhythm?  It was you cover here or abnormal heart rhythm?  It was you cover here do nice or restricted your participation in ports for any heart problems?  It was you cover had a head injury or concussion?  It was you cover had a head injury or concussion?  It was you cover had a head injury or concussion?  It was you cover had a head injury or concussion?  It was you cover here honcked out, become unconscious, or lost our memory?  Yee, show many times?  It was you cover had a seizure?  It was you were had a seizure?  It was you cover had a seizure?  It was you were had a seizure?  It was you cover had a seizure?  It was you were had a seizure?  It	xercise?	_	П	13.	Have you broken	ad a sprain, strain, or swelling after it is or fractured any bones or dislocated	njury? d any	
lawe you ever hear told you have a heart numm?		_			3			
las any family member or relative died of heart problems or of			200				ing in	
udden unexpected death before age 50?  alsa any family member been diagnosed with enlarged heart,								
as any family member been diagnosed with enlarged heart,	•	<i>п</i> Ц	П		If yes, check app	propriate box and explain below:		
dilated cardiomyopathy), hypertrophic cardiomyopathy, long Try syndrome or other ion channel-gathy (Brugada syndrome, to), Marfan's syndrome, or abnormal heart rhythm?    Chest	The second secon				☐ Head	□ Elbow □	Hip	
Tayndrome or other ion channelpathy (Brugada syndrome, ca, Marfans syndrome, or abnormal heart rhything (but, Marfans) (but,	dilated cardiomyopathy), hypertrophic cardiomyopathy, long	;			□ Neck			
lave you werh and a severe viral infection (for example, you candition or mononucleosis) within the last month?    Jupper Arm   Foot	T syndrome or other ion channelpathy (Brugada syndrome,				□ Back			
ave you ever had a head injury or concussion? low sever was each one? (Explain below) low sever was each one? (Explain below) low you ever had a seizure? low you ever had a seizure? low you ever had a seizure? low you have frequent or severe headaches? low you ever had a seizure? low you have find a head injury or concussion? low was your last concussion? low was your last concussion? low sever was each one? (Explain below) low you were had a seizure? low you were had a seizure? low you were had a seizure? low you have frequent or severe headaches? low you have find a humbness or tingling in your arms, hands, low you were had a seizure? low you were had a stinger, burner, or pinched nerve? low you were had a stinger, burner, or pinched nerve? low you meet a doctor's care? low you were had a stinger, burner, or pinched nerve? low you may allergies (for example, to pollen, medicine, low you have any allergies (for example, to pollen, medicine, low you were head decord you go may prescription or non-prescription low-er-the-counter) medication or pills or using an inhaler? low you have any allergies (for example, to pollen, medicine, low you have any allergies (for example, to pollen, medicine, low you have you were been dizzy during or after exercise? low you have any urrent skin problems (for example, itching, lashes, ane, warts, fungus, or blisters)? lave you were been dizzy during or after exercise? low you have any urrent skin problems (for example, itching, lashes, ane, warts, fungus, or blisters)? lave you were been dizzy during or after exercise? low you have any allergies (for example, itching, lashes, ane, warts, fungus, or blisters)? lave you were been dizzy during or after exercise? low you have any allergies of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authority of the school and any school or hospital representative of the school, the above student should need immediate care and treatment is a result of any injury							Shin/Calf	
is a physician ever denied or restricted your participation in ports for any heart problems?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power with a da head injury or concussion?  In a power was each one? (Explain below)  In a power was each and each were period to the stan oncher?  In a power was each of one period to the stan oncher?  In a power was each each of one period to the stan oncher?  In a power was each each of one period to the stan oncher?  In a power was each each of one period to the stan oncher?  In a power was each each of each of th						0	Ankle	
Joy to keep the concession?    As you were had a lead injury or concussion?         18. Have you ever been diagnosed with or treated for sickle cell further than the content of the conte	•	_		16	• •		0	_
trait or cell disease?  trait or cell disease?  females only  It is to receive the new shooked out, become unconscious, or lost our memory?  It is was your last concussion?  It is was your last concussion?  It is was your last concussion?  When was your last concussion?  When was your most recent menstrual period?  How must be must be must be must be start of one period to the star another?  How must be must be start of one period to the star another?  How must be must be start of one period to the star another?  How many periods have you had in the last year?  What was the longest time between periods in the start of new periods in the last year?  What was the longest time between periods in th		ш	П				v?	
Jow sever was each one? (Explain below)  When was your last concussion?  When was your most recent menstrual period?  How much time do you usually have from the start of one period to the star another?  How much time do you usually have from the start of one period to the star another?  How many periods have you had in the last year?  How many periods have you had in the last year?  How many periods have you had in the last year?  What was the longest time between periods in the last year?  What was the longest time between periods in the last year?  An individual answering in the affirmative to any question relating to a possible cardiovascular lisuse (questions three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  An individual answering in the affirmative to any question relating to a possible cardiovascular lisuse (questions three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician, physician assistant, chiropractor, or practitioner.  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessive you were been dizzy during or after exercise?    wave you ever been dizzy during or after exercise?   wave you ever been dizzy during or after exercise?   wave you ever been dizzy during or after exercising in the heat?   ave you ever been dizzy during or after exercising in the heat?   ave you ever been dizzy during or after exercising in the heat?   ave you were though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Lor of the school assumes any responsibility in case an accident occurs.  I, in the judgment of any representative of the school, the above student should need immediate care and tr				18.	Have you ever b	een diagnosed with or treated for sie	ckle cell	
Fyes, how many times?    19. When was your first menstrual period?				г. /		ase?		
When was your most recent menstrual period?  How much time do you usually have from the start of one period to the star another?  Jave you ever had a seizure?  An individual answering in the affirmative to any question relating to a possible cardiovascular times the form that any periods have you had in the last year?  What was the longest time between periods in the last year?  An individual answering in the affirmative to any question relating to a possible cardiovascular in security and the cardiovascular in security and the cardiovascular in security and the decidence of the security and the cardiovascular in security and the card						enetrual period?		
lave you ever had a seizure?								
An individual asswering in the affirmative to any question relating to a possible cardiovascular lissue (question three above), as identified on the form, should be restricted from further participant over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, owd, or stinging insects)?  Have you uverbeen dizzy during or after exercise?  Do you have any current skin problems (for example, itching, alsee, sacne, warts, fungus, or bilsters)?  Have you ever been dizzy during or after exercise?  Do you have 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 Livorsent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby request, authorizonsent 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 harmly subject the student in question of penalties determined by the UIL interest 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 practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO School Use Only:								
lave you ever had numbness or tingling in your arms, hands,   How many periods have you had in the last year?							period to the	start c
What was the longest time between periods in the last year?    An individual answering in the affirmative to any question relating to a possible cardiovascular to rey you under a doctor's care?   An individual answering in the affirmative to any question relating to a possible cardiovascular to rey you under a doctor's care?   An individual answering in the affirmative to any question relating to a possible cardiovascular to see (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.   An individual answering in the affirmative to any question relating to a possible cardiovascular to see (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.   An individual answering in the affirmative to any question relating to a possible cardiovascular to see (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.   An individual answering in the affirmative to any question relating to a possible cardiovascular to issue (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician, assistant, chiropractor, or participation or pills or until the individual is examined and cleared by a physician assistant, chiropractor, or participation or pills or until the individual answering in the affirmative to any question the form, should be restricted from further participator, or participation or pills or until the individual answering in the affirmative to any question relating to a possible cardiovascular the individual answering in the affirmative to any question the form, should be restricted from further participator, or part		-						
An individual answering in the affirmative to any question relating to a possible cardiovascular I lave you under a doctor's care?  An individual answering in the affirmative to any question relating to a possible cardiovascular I lissue (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician, physician assistant, chiropractor, or practices.  An individual answering in the affirmative to any question relating to a possible cardiovascular I lissue (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician, physician assistant, chiropractor, or practices.  An individual answering in the affirmative to any question relating to a possible cardiovascular I lissue (question three above), as identified on the form, should be restricted from further particip until the individual is examined and cleared by a physician, physician assistant, chiropractor, or practices and cleared by a physician participation of the school function of the school assumes any certain practices.  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessed assess, acne, warts, fungus, or blisters)?  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessed assess, acne, warts, fungus, or blisters)?  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessed assess, acne, warts, fungus, or blisters)?  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessed assess, acne, warts, fungus, or blisters)?  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessed assess, acne, warts, fungus, or blisters)?  **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessed assessed assessed assessed as a clear function of the school of the sheet of the school, the above assessed assessed as a clear fungus, and the second assessed as a clear fungus, and the second assessed				Hov Wha	v many periods hav at was the longest t	ve you had in the last year? ime between periods in the last year'	?	
Are you under a doctor's care?	Have you ever had a stinger, burner, or pinched nerve?					•		
issue (question three above), as identified on the form, should be restricted from further particip unit the individual is examined and cleared by a physician, shoylidan assistant, chiropractor, or prover-the-counter) medication or pills or using an inhaler?  No you have any allergies (for example, to pollen, medicine, ood, or stinging insects)?  In a we you ever been dizzy during or after exercise?  No you have any current skin problems (for example, itching, ashes, acne, warts, fungus, or blisters)?  In a we you ever bee on dizzy during or after exercise?  In a we you ever become ill from exercising in the heat?  In a we 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 Lord 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 to consent to such care and treatment as may be given said student by any physician, athletic trainer, runse or school representative. I do hereby agree to indemnify and save harmly to be considered 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 liness or injury.  In thereby 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				An indi	vidual answering in the	affirmative to any question relating to a possi	ble cardiovascul	ar heel
until the individual is examined and cleared by a physician, physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor, or practitioner.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician assistant, chiropractor.  "EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessal until the individual is examined and cleared by a physician sheet if necessal until the individual is examined and cleared								
to you have any allergies (for example, to pollen, medicine, bod, or stinging insects)?    ave you ever been dizzy during or after exercise?		П	П	until the	e individual is examined			
lave you ever been dizzy during or after exercise?    One you have any current skin problems (for example, itching,   One you have any current skin problems (for example, itching,   One you have any current skin problems (for example, itching,   One you have any current skin problems (for example, itching,   One shee, acne, warts, fungus, or blisters)?    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 Lord the school assumes any responsibility in case an accident occurs.    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 Lord the school assumes any responsibility in case an accident occurs.    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 Lord the school assumes any responsibility in case an accident occurs.    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 Lord the school assumes any responsibility in case an accident still remains. Neither the University Interscholastic Lord the school assumes any responsibility in case an accident still remains. Neither the University Interscholastic Lord the school assumes any responsibility in case an accident still remains. Neither the University Interscholastic Lord the school assumes any responsibility in case an accident still remains. Neither the University Interscholastic Lord the Interscholastic Lord the possibility in case an accident still remains. Neither the University Interscholastic Lord the Interschool assumes any responsibility in case an accident still remains. Neither the University Interscholastic Lord and the possibility in case								
Do you have any current skin problems (for example, itching, ashes, acne, warts, fungus, or blisters)?  Lave you ever become ill from exercising in the heat?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems with your eyes or vision?  Lave you had any problems (for example, itching, askes, acne, warts, fungus, or blisters)?  Lave you had any problems (for example, itching, askes, acne, warts, fungus, or blisters)?  Lave you had any problems with your eyes or vision?  Lave yo	,			**EXP	LAIN 'YES' ANSWI	ERS IN THE BOX BELOW (attach anoth	ner sheet if nece	essary
askes, acne, warts, fungus, or blisters)?  lave you ever become ill from exercising in the heat?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your eyes or vision?  lave you had any problems with your equive fundance and reatment as a result of any injury or sickness, I do hereby request, authorize on the or the sudent is such care and treatment as a result of any injury or sickness, I do hereby request, authorize on the such care and treatment as a result of any injury or sickness, I do hereby request, authorize on the such care and treatment as a result of any injury or sickness, I do hereby request, authorize on the such care and treatment as a result of any injury or sickness, I do hereby request, authorize or the such care and treatment as a result of any injury or sickness, I do hereby request, authorize or the school and injury or sickness, I do hereby request, authorize or the school and reatment as a result of any injury or sickness, I do hereby request, authorize or school representative. I do hereby request, authorize or school representative. I do hereby segment injury or sickness, I do hereby request, authorize or school representative. I do hereby request and reatment as a result								
lave you ever become ill from exercising in the heat?    ave you had any problems with your eyes or vision?								
lave 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 Lor 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 onsent 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 harmly chool 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 liness or injury.  In the provide truthful responses could be represented to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could under the student in question to penalties determined by the UIL  Student Signature:  Parent/Guardian Signature:								
or the school assumes any responsibility in case an accident occurs.  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, authorized possent 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 harmles the body and any school or hospital representative from any claim by any person on account of such care and treatment of said student.  In the judgment of any representative of the school, the above provides trainer, nurse or school representative. I do hereby agree to indemnify and save harmles the solid student.  In the judgment of any representative of the school, the above provides trainer of said student.  In the judgment of any representative of the school authorize of such large to notify the school authorize of such large to notify the school authorize of such large to injury.  In the judgment of any representative of the school authorize of such large to notify the school authorize of such large to injury.  In the judgment of any representative of the school authorize of such large to notify the school authorize of such large to injury school authorize of such large to injury school authorize of such large to notify the school authorize of such large to injury school authorize of such large to notify the		_						
onsent 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 harmle chool and any school or hospital representative from any claim by any person on account of such care and treatment of said student.  (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 liness or injury.  (bereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could ubject the student in question to penalties determined by the UIL  (Student Signature:		ne athlete, v	whenever	needed, the p	ossibility of an accid	lent still remains. Neither the University	y Interscholasti	c Leag
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 ubject the student in question to penalties determined by the UIL  Student Signature:  Parent/Guardian Signature:  Date:  my 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 ssistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO ARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.  School Use Only:	onsent to such care and treatment as may be given said student by	any physic	cian, athle	etic trainer, nu	urse or school represe	entative. I do hereby agree to indemnif		
Student Signature: Parent/Guardian Signature: Parent/Guardian Signature: Date:  Lany 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 ssistant, 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.  School Use Only:		ness or injur	ry should o	occur that may	y limit this student's p	varticipation, I agree to notify the school a	uthorities of su	ch
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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.  School Use Only:			above qu	uestions are	complete and cor	rect. Failure to provide truthful r	esponses cou	ıld
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.  School Use Only:			rdian Sign	ature: X		Date <sup>.</sup>		
PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.  School Use Only:	Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further med	dical evalua	ation whi	ch may inclu		nation. Written clearance from a physi		n
						THIS FORM MUST BE ON FILE PR	IOR TO	
This Medical History Form was reviewed by: Printed Name Date Signature					Data	Signature		

Student's Name		Sex	Age	Date of Birth	1	
Height Weight	% Body fat (c	optional)	Pulse	BP	brachial blood	d pressure while sitt
Vision: R 20/ L 20/	Cor	rected: Y	□N	Pupils:	☐ Equal	Unequal
As a minimum requirement, this P again prior to first and third years questions on the student's MEDICAl exam.	of high school	athletic particip	ation. It <i>must</i> is se side. * <i>Local</i>	be completed if the	here are yes a	inswers to speci in annual physi
MEDICAL	NORMAL		ABNORMA	L FINDINGS		INITIALS
Appearance						
Eyes/Ears/Nose/Throat						
Lymph Nodes						<del></del>
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 evalua	tion/rehabilitation	on for:				
□ Not cleared for:			Danasa			
Recommendations:						
The following information must be f	illad in and sign	ad by aithan a l	Dhysisian a Dhy	ainiam Annintant li	J L C	1-1- D1-C
Physician Assistant Examiners, a Re						
or a Doctor of Chiropractic. Exami	nation forms sig	gned by any oth	er health care pi	ractitioner, will no	ot be accepted	!.
Name (print/type)						
Address:						
Phone Number:						
Signature:						