treatment of said student.

Parent Signature:

Student Signature:

PREPARTICIPATION PHYSICAL EVALUATION-MEDICAL HISTORY

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

answer circle the question.	
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?	YES NO 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? Do you get tired more quickly than your friends do during exercise?	YES NO 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 channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	YES NO
Have you had a severe viral infection (for example, myocarditis or mononucleosis)	TES NO
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 inheler.	YES NO
(over the counter) medication or pills or using an inhaler 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 YES NO
Do you have asthma? 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	TES NO
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,	YES NO
bones, or joints? If yes, check appropriate box and explain below.	IES NO
Head Elbow Hip Neck Forearm Thigh Back	
Wrist Knee Chest Hand Shin/Calf Shoulder	
FingerAnkleUpper ArmFoot	
16 D 11 1 1 1 0	
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
Do you lose weight regularly to meet weight requirements for your sport? 17. Do you feel stressed out?	
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	YES NO YES NO
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 disease?	YES NO
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 disease? Females Only	YES NO YES NO
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 disease?	YES NO YES NO
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 disease? 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	YES NO YES NO
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 disease? 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?	YES NO YES NO
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 disease? 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?	YES NO YES NO
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 disease? 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?	YES NO YES NO
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 disease? 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	YES NO YES NO
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 disease? 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?	YES NO YES NO
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 disease? 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 furth	YES NO YES NO YES NO
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 disease? 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 furth evaluation which may include a physical examination. Written clearance from a physic	YES NO YES NO YES NO
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 disease? 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participal	YES NO YES NO YES NO
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 disease? 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 furth evaluation which may include a physical examination. Written clearance from a physic	YES NO YES NO YES NO
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 disease? 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participal	YES NO YES NO YES NO YES NO Intermedical cian, cion in UIL
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 disease? 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participal practices, gamesormatches) THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCE	YES NO YES NO YES NO YES NO Her medical dian, icion in UIL
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 disease? Females Only 19. When was your most recent 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participat practices, gamesormatches) THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCE It is understood that even though protective equipment is worn by the athlete, whenev	YES NO YES NO YES NO YES NO Her medical itan, ition in UIL HOOL. er needed,
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 disease? Females Only 19. When was your most recent 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participal practices, gamesormatches) THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCE IT is understood that even though protective equipment is worn by the athlete, whenever the possibility of an accident still remains. Neither the University Interscholastic Leagu	YES NO YES NO YES NO YES NO Her medical itan, ition in UIL HOOL. er needed,
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 disease? Females Only 19. When was your most recent 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participal practices, gamesormatches) THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCE It is understood that even though protective equipment is worn by the athlete, whenev the possibility of an accident still remains. Neither the University Interscholastic Leagu school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need	YES NO YES NO YES NO YES NO YES NO OULL OULL OULL or needed, e nor the immediate
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 disease? Females Only 19. When was your most recent 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participat practices, gamesormatches) THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCE It is understood that even though protective equipment is worn by the athlete, whenev the possibility of an accident still remains. Neither the University Interscholastic Leagu school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need care and treatment as a result of any injury or sickness, I do hereby request, authorize	YES NO YES NO YES NO YES NO YES NO Her medical dian, dion in UIL HOOL. HOOL er needed, e nor the immediate dian, and
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 disease? Females Only 19. When was your most recent 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 furth evaluation which may include a physical examination. Written clearance from a physic physician assistant, chiropractor, or nurse practitioner is required before any participal practices, gamesormatches) THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCE It is understood that even though protective equipment is worn by the athlete, whenev the possibility of an accident still remains. Neither the University Interscholastic Leagu school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need	YES NO YES NO YES NO YES NO YES NO OUT THE MEDICAL STREET THE MEDICAL

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.

☐ An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Awareness Form. 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.

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. Leander ISD requires annual completion of this form.

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)			
Skin			
Marfan's Stigmata			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Leg/Ankle		
Foot		`
Height Weight %Body Fat (/,/)-brachial blood p Vision R 20/ L 20/ Correct	ressure while sitting	
CLEARANCE {Please check one}		
☐ Cleared (No restrictions)		
Cleared <u>after</u> completing evaluation/r	ehabilitation for:	
☐ Not cleared for:		
Recommendations:		
The following information must be filled in Physician Assistant licensed by a State Bar Registered Nurse recognized as an Ad	Board of Physician Assistativanced Practice Nurse by	nt Examiners, the Board of

Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

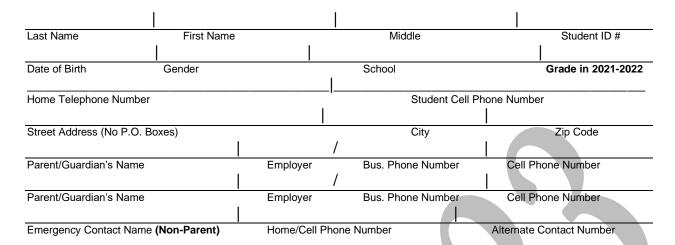
hysician Name (print/type):
ddress:
hone Number:
HYSICIAN SIGNATURE:
ATE:

FOR SCHOOL USE ONLY:	FOR	SCHOOL	USE	ONL	Y:
----------------------	-----	--------	-----	-----	----

This medical history form was reviewed by:

Printed Name:	
Signature [.]	Date [.]

Athlete Contact Information



Online Form Instructions-Must be completed before participation

Parent/Guardian:

You will need to navigate to the LISD website www.leanderisd.org to read, complete, and sign the following forms before your child is able to participate in athletics. ALL forms must be signed by a parent/guardian and the student athlete. You will need the student's school ID#.

LISD website instructions:

- 1. www.leanderisd.org
- 2. From the A-Z Index select: Athletics
- 3. Click on: Athletics: Health & Safety
- 4. Click on: Student-Athlete Forms
- 5. Click on: Rank One Online Forms
- 6. Follow the instructions to create an account and then read, complete, and electronically sign the following forms:

> UIL Forms Packet

- i. Acknowledgement of Rules
- ii. Concussion Acknowledgment Form
- iii. Sudden Cardiac Arrest Awareness Form
- iv. UIL Safety Training
- v. Behavior Expectations of Spectators
- vi. Parent/Student Steroid Agreement Form
- vii. LISD Handbook 2022-2023
- viii. LISD Athletic Handbook Guidelines and Insurance Form
- ix. ECG Testing Acknowledgement
- **ECG Testing Op-In**
- Emergency Card
- Medication Consent Form
- You must also complete the **Pre-Participation Medical History form** (left side) on the other side of this sheet and then take the form to your doctor to have the Pre-Participation Physical Exam (right side) completed by your doctor.
- > Once the back side is completed please have your student turn it in to the Athletic Trainers for the high school or Coach at their middle school.
- Once you have completed the online forms, medical history, physical exam, and athlete contact information portion of this form and turned it in to the Athletic Trainers for the high school or Coach at their middle school, then your child will be eligible to participate in athletics (this includes games, performances, practices during, before school, after school, and offseason).