## PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

Students Names: (print)  Sex	
33- 24 Grade 23-24 School Student Sport/Activity In case of meregracy, contact: Name Relationship Phone Remail Phone Remail  Phone Remail  Phone Remail  Relationship Phone Remail  Relationship Phone Remail  Relationship Reverence Phone Remail  Relationship Reverence Reverties Reverence Relationship Reverence Relationshi	
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Incase of emergency, contact:   Phone   Email	
Have you had a medical illness or injury since your last check up or physical?  Have you be no hospitalized overnight in the past year?  Have you been hospitalized overnight in the past year?  Have you even had surgery?  Have you even had prior testing for the heart ordered by a physician?  Have you even had prior testing for the heart ordered by a physician?  Have you even had prior testing for the heart ordered by a physician?  Have you even had prior testing for the heart ordered by a physician?  Have you even had chest pain during or after exercise?  Have you even had chest pain during or after exercise?  Have you even had chest pain during or after exercise?  Have you even had chest pain during or after exercise?  Have you even had racing of your heart or skipped heartheats?  Have you even had racing of your heart or skipped heartheats?  Have you even had racing of your heart or skipped heartheats?  Have you even been told you have a heart murmur?  Have you even been told you have a heart murmur?  Have you even been told you have a heart murmur?  Have any family member or relative died of heart problems or of sudden unexplained death before age 50?  Have you even had a severe viral infection (for example, told, Marfan's syndrome, or abnormal heart hybling heart problems?  Have you even had a severe viral infection (for example, told, when was your had a severe viral infection (for example, told, when was your had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one? (Explain below)  Have you even had a severe was each one of the sev	
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trivities for any heart problems?  lave you ever had a head injury or concussion?  lave you ever heen knocked out, become unconscious, or lost our memory?  fyes, how many times?  When was your last concussion?  lave you ever had a seizure?  No you have frequent or severe headaches?  lave you ever had a stinger, burner, or pinched nerve?  Are you missing any paired organs?  Are you under a doctor's care?  Are you whave any ullergies (for example, to pollen, medicine, ood, or stinging insects)?  lave you ever heen dizzy during or after exercise?  lave you ever been dizzy during or after exercise?  lave you have any urrent skin problems (for example, itching, lave you had any problems with your eyes or vision?  t is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Intersche to the formation about cardinat still remains. Neither the University Intersche to train a cardinat still remains. Neither the University Intersche to train a cardinat streaming. In whenever needed, the possibility of an accident still remains. Neither the University Intersche to train a cardinat streaming. Neither the University Intersche train and the success of the sum of the	
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trait or sickle cell disease?  females Only  19. When was your instrual period?  When was your most recent menstrual period?  When was your had a seizure?  You have frequent or severe headaches?  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?  In only  20. Are you have any testicular swelling or masses?  An electrocardiogram (ECG) is not required. I have read and uninformation about cardiac screening on the UIL Sudden Cardiac Awareness Form. By checking this box, I choose to obt	ell $\square$
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How severe was each one? (Explain below)  How much time do you usually have from the start of one period another?  How pou ever had a seizure?  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?  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?  Males Only  20. Are you missing a testicle?  21. Do you have any testicular swelling or masses?  Are you currently taking any prescription or non-prescription cover-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, cod, or stinging insects)?  Have you ever been dizzy during or after exercise?  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?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Intersect	
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? Have you ever had a stinger, burner, or pinched nerve? Have you under a doctor's care? Are you under a doctor's care? Are you under a doctor's care? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, looy ou have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever been dizzy during or after exercise? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Intersch	( to the et = - 1
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Have you ever had a stinger, burner, or pinched nerve?  Are you missing any paired organs?  Are you under a doctor's care?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  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?  Have you had any problems with your eyes or vision?  Males Only  20. Are you missing a testicle?  21. Do you have any testicular swelling or masses?  An electrocardiogram (ECG) is not required. I have read and und information about cardiac screening on the UIL Sudden Cardiac Awareness Form. By checking this box, I choose to obtain an EC student for additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of a student for additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of additional cardiac screening. I understand it is the result of a macrident still remains. Neither the University Interscription of a macrident still remains. Neither the University Interscription of the product of the possibility of an accident still remains.	
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f, 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 requences 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 chool and any school or hospital representative from any claim by any person on account of such care and treatment of said student.  f, 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 care.	est, authorize, a save harmless t
njury. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful respo	ises could
subject the student in question to penalties determined by the UIL  Stüdent 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,	
assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR T PARTICIPATION IN ANY PRACTICE, <u>SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL</u> .	0
School Use •nly:  This Medical History Form was reviewed by: Printed Name Date Signature	

PREPARTICIPATION PHYSICAL I					
Student's Name					
Height Weight	% Body fat (opt	ional)	Pulse	BP/ (/	pressure while sitting
Vision: R 20/ L 20/	Corre	cted: Y	□N	Pupils:	☐ Unequal
As a minimum requirement, this F prior to first and third years of high the student's MEDICAL HISTORY FOR	h school participa RM on the reverse	tion. It mus	st be completed cal district policy	if there are yes answers to spe y may require an annual physi	ecific questions of
MEDICAL	NORMAL		ABNORMA	AL FINDINGS	INITIALS*
Appearance	1				
Eyes/Ears/Nose/Throat					
Lymph Nodes					
Heart-Auscultation of the heart in the supine position.		The state of the s			
Heart-Auscultation of the heart in the standing position.					
Heart-Lower extremity pulses					
Pulses					
Lungs		omen — — — — — — — — — — — — — — — — — — —			
Abdomen					
Genitalia (males only) if indicated					
Skin					
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)					
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Hand					
Hip/Thigh					
Knee					
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*station-based examination only		·····	and the same of th		
CLEARANCE					
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The following information must be fit Physician Assistant Examiners, a Resor a Doctor of Chiropractic. Examined Name (print/type)  Address:	gistered Nurse rec nation forms signe	cognized as a	n Advanced Pracer health care pr	ctice Nurse by the Board of Nurs cactitioner, will not be accepted.	se Examiners,
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 performance/