PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

Livey ou been hospitalized overnight in the past year? Heve you ever had surger? Heve you ever had group resigned for the heart ordexed by a physician? Heve you ever had prior testing for the heart ordexed by a physician? Heve you ever had prior testing for the heart ordexed by a physician? Heve you ever had cheef prior during or after exercise? How you ever had do been my carried when you friends do during careful for the service of the exercise? How you ever had do been my carried when you friends do during careful? Heve you ever had cheef prior during or after exercise? How you had high blood pressure or high cholestero? Have you ever had ancing of your heart or skipped heartheats? Have you had high blood pressure or high cholestero? Have you had high blood pressure or high cholestero? Have you had high blood pressure or high cholestero? Have you ever hear or distinguish the service of the problems or distinguish of the service of the problems of the subtraint of the service of the problems of the subtraint of the service o	Student's Name: (print)								
Personal Physician In case of generacy, contract: Name Relationship Phone (1) (W)									-
Name of emergency, constant: Name is been below**. Circle questions you don't know the answers to. Have you had a modeled likes or nigny since your last check. Vs. No up or physical? Have you were how the hospital/red wormpla's in the past year? Have you even been hospital/red wormpla's in the past year? Have you even had a modeled likes or nigny since your last check. Vs. No Up or physical? Have you even had surgery? Have you even had a feeting for the heart ordered by a physician or physical and the heart part during or after exercise? Do you have a softma? Have you even had help and indiring or after exercise? Do you ever passed out during or after exercise? Do you ever the desting for the heart ordered by a physician or you even passed out during or after exercise? Have you even had help as physical red of the passed of the physical or the passed out during or after exercise? Do you ever had noting of your heart or dispined heartbeats? Have you even had help as the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had seed out the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had help as the passed of high checkstrol? Have you even had a section of the example, included of heart problems or of large deep the passed out the help as the passed of high checkstrol? Have you even had a held nighty or concussion? Have you even had a help as the passed of the passed									
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Have you ever been knocked out, become unconscious, or lost	activities for any heart problems?	_			Do you want to we	eigh more or less than you	do now?		
trait or sickle cell disease? Females Only I choose not to provide written information on Question 19 but when was your last concussion? How severe was each one? (Explain below) How you ever had a seizure? How many periods have you usually have from the start of one period to the start another? How much time do you usually have from the start of one period to the start another? How much time do you usually have from the start of one period to the start another? How much time do you usually have from the start of one period to the start another? How much time do you usually have from the start of one period to the start 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? Males Only 20. Are you under a doctor's care? One you have any allergies (for example, to pollen, medicine, (over-the-counter) medication or pills or using an inhaler? One you have any allergies (for example, to pollen, medicine, food, or stinging insects?) One you have any utern time for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form this box, I choose to obtain an ECG for my student for additional cardia				18.	Have you ever been	n diagnosed with or treated	l for sickle cell		
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Are you missing any paired organs? 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? By 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 been dizzy during or after exercising in the heat? Have you ever been dizzy during or after exercising in the heat? Have you ever become lift from exercising in the heat? Have you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you have any current skin 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 Interscholastic Leagu nor 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 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 harmles 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. 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: Parent/Guardian Signature: Parent/Guardian Signature: Date: Any Yes answer to questions 1, 2, 3, 4,	2	nerve?			I choo				
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An electrocardiogram (ECG) is not required. I have read and understand the about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form food, or stinging insects)? Have you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Have you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you have 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 Interscholastic Leagu nor 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 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 harmles 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 Signa				1	-				
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food, or stinging insects)? 9. Have you ever been dizzy during or after exercise? 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? 11. Have you ever become ill from exercising in the heat? 12. 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 Interscholastic Leagu nor 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 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 harmles 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: Pa				about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By ch					
9. Have you ever been dizzy during or after exercise?		ii, iiiediciiie,		thi	s box, I choose to obtai	in an ECG for my student f	or additional cardi	ac scre	ening.
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	assistant, chiropractor, or nurse practitioner is requ	uired before any partic	ipation in	UIL practice	s, games or matches. TI	HIS FORM MUST BE ON FI		ian	
This Medical History Form was reviewed by: Printed Name Date Signature	For School Use Only: This Medical History Form was reviewed by: P	rinted Name			Date	Signature			

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION Student's Name _____ Sex ____ Age ____ Date of Birth___ Height _____ Weight____ % Body fat (optional) _____ Pulse ____ BP___/__(_/__, __/__) brachial blood pressure while sitting Vision: R 20/____ L 20/___ Corrected: □ 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 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) if indicated Skin Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) 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: 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: _____

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.