

JUDSON ISD PREPARTICIPATION PHYSICAL EVALUATION

Student's Name: (print) _____ Student ID #: _____ Grade: ('25-'26) _____
 Sex: (M or F) Date of Birth: _____ Age: _____ Phone #: _____ Personal Physician: _____ Phone #: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 School attending '25-'26: Judson HS/Wagner HS/Vets Memorial HS/Kitty Hawk /Metzger/Kirby/Woodlake/Judson MS/Cibola Creek MS
 In case of emergency, contact:
 Name: _____ Relationship: _____ Phone (H): _____ Phone (W): _____

PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Explain "YES" answers in the box below. Circle questions you don't know the answers to.

1. Have you had a medical illness or injury since your last check up or sports physical?	YES	NO	13. Have you ever gotten unexpectedly short of breath with exercise?	YES	NO
2. Have you been hospitalized overnight in the past year?	YES	NO	Do you have asthma? (If Yes, Asthma Action Plan required)	YES	NO
Have you ever had surgery?	YES	NO	Do you have seasonal allergies that require medical treatment?	YES	NO
3. Have you ever had prior testing for the heart ordered by a physician?	YES	NO	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	YES	NO
Have you ever passed out during or after exercise?	YES	NO	15. Have you ever had a sprain, strain, or swelling after injury?	YES	NO
Have you ever had chest pain during or after exercise?	YES	NO	Have you broken or fractured any bones or dislocated any joints?	YES	NO
Do you get tired more quickly than your friends do during exercise?	YES	NO	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	YES	NO
Have you ever had racing of your heart or skipped heartbeats?	YES	NO	If yes, check appropriate box and explain below.		
Have you had high blood pressure or high cholesterol?	YES	NO	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Chest		
Have you ever been told you have a heart murmur?	YES	NO	<input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	YES	NO	<input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Foot		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	YES	NO	<input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	YES	NO	<input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	YES	NO	16. Do you want to weigh more or less than you do now?	YES	NO
4. Have you ever had a head injury or concussion?	YES	NO	17. Do you feel stressed out?	YES	NO
Have you ever been knocked out, become unconscious, or lost your memory?	YES	NO	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	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) medications, pills, or using an inhaler?	YES	NO			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Is an Epi-Pen prescribed?	YES	NO			
9. Have you ever been dizzy during or after exercise?	YES	NO			
10. Do you have any current skin problems (for example, 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			

Females Only ☐ I choose not to provide written information Question 19 but will discuss with a medical professional.

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 ☐ I choose not to provide written information Question 20 but will discuss with a medical professional.

20. Do you have two testicles? _____

Do you have any testicular swelling or masses? _____

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

Cardiac Arrest Awareness Form. By checking this box I choose to obtain an ECG

for my student for additional cardiac screening. I understand it is the

responsibility of my family to schedule and pay for such ECG.

**EXPLAIN YES ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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 League nor the school assumes any responsibility in case an accident occurs.

If, in the judgement 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 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.

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 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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

FOR SCHOOL USE ONLY:

This medical history form was reviewed by: Printed Name: _____ Signature: _____ Date: _____

Student's Name _____

Sex _____

Age _____

Date of Birth _____

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 on the reverse side. *Local district policy may require an annual physical exam.

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____

(_____/_____/_____) brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal OR Unequal

	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 (Please check one)

☐ 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): _____

Address: _____

Phone Number: _____

Physician Signature: _____

Date of Examination: _____

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

Rank One Sport**Online Form Instructions**

YOU MUST COMPLETE ALL ONLINE FORMS AND UPLOAD PHYSICAL BEFORE PARTICIPATING IN ANY ATHLETIC EVENT OR PRACTICE

**Scan QR Code to access forms**

Or GO TO:

<https://judsonisd.rankonesport.com>

- ♦ Click on **Proceed to Online Forms**
- ♦ **Log On or Create Account**
- ♦ **Find Student(s)**
 - ♦ Insert last name and Student ID Number
 - ♦ Click "Start Forms"
 - ♦ Click "View"
- ♦ Click on **Extracurricular Code Of Conduct Handbook.**
 - ♦ Do not leave any blanks
- ♦ Next Click on - **Emergency Card**
 - ♦ Do not leave any blanks. Use N/A if needed.
- ♦ Next Click on - **Athletics Participation Form**
 - ♦ Do not leave any blanks. Use N/A if needed.
- ♦ Next Click on - **Physical Upload Form**
 - ♦ Scan/upload a picture of both sides of this physical exam paper.
 - ♦ Make sure that the scans/photos are clearly visible and upload before submitting.
 - ♦ An athletic trainer will review your submission and approve it if the form is filled out fully and the submission is clearly visible. If it is not, it will be rejected and need to be resubmitted once it is filled/clearly visible.
 - ♦ Keep this document for your records for at least 1 year.

Status will change to "Compliant" once all forms are approved

For more information please visit:

Judsonisdathletics.org or the JISD Athletics App