

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/Cibolo 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.

<p>1. Have you had a medical illness or injury since your last check up or sports physical? YES NO</p> <p>2. Have you been hospitalized overnight in the past year? YES NO</p> <p>Have you ever had surgery? YES NO</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? YES NO</p> <p>Have you ever passed out during or after exercise? YES NO</p> <p>Have you ever had chest pain during or after exercise? YES NO</p> <p>Do you get tired more quickly than your friends do during exercise? YES NO</p> <p>Have you ever had racing of your heart or skipped heartbeats? YES NO</p> <p>Have you had high blood pressure or high cholesterol? YES NO</p> <p>Have you ever been told you have a heart murmur? YES NO</p> <p>Has any family member or relative died of heart problems or of sudden unexpected death before age 50? YES NO</p> <p>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</p> <p>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO</p> <p>Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO</p> <p>4. Have you ever had a head injury or concussion? YES NO</p> <p>Have you ever been knocked out, become unconscious, or lost your memory? YES NO</p> <p>If yes, how many times? _____</p> <p>When was the last concussion? _____</p> <p>How severe was each one? (Explain Below)</p> <p>Have you ever had a seizure? YES NO</p> <p>Do you have frequent or severe headaches? YES NO</p> <p>Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO</p> <p>Have you ever had a stinger, burner, or pinched nerve? YES NO</p> <p>5. Are you missing any paired organs? YES NO</p> <p>6. Are you under a doctor's care? YES NO</p> <p>7. Are you currently taking any prescription or non-prescription (over the counter) medications, pills, or using an inhaler? YES NO</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Is an Epi-Pen prescribed? YES NO</p> <p>9. Have you ever been dizzy during or after exercise? YES NO</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO</p> <p>11. Have you ever become ill from exercising in the heat? YES NO</p> <p>12. Have you had any problems with your eyes or vision? YES NO</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? YES NO</p> <p>Do you have asthma? (If Yes, Asthma Action Plan required) YES NO</p> <p>Do you have seasonal allergies that require medical treatment? YES NO</p> <p>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</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? YES NO</p> <p>Have you broken or fractured any bones or dislocated any joints? YES NO</p> <p>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO</p> <p>If yes, check appropriate box and explain below.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/>Head</td> <td><input type="checkbox"/>Neck</td> <td><input type="checkbox"/>Back</td> <td><input type="checkbox"/>Chest</td> </tr> <tr> <td><input type="checkbox"/>Shoulder</td> <td><input type="checkbox"/>Upper Arm</td> <td><input type="checkbox"/>Elbow</td> <td><input type="checkbox"/>Forearm</td> </tr> <tr> <td><input type="checkbox"/>Wrist</td> <td><input type="checkbox"/>Hand</td> <td><input type="checkbox"/>Finger</td> <td><input type="checkbox"/>Foot</td> </tr> <tr> <td><input type="checkbox"/>Hip</td> <td><input type="checkbox"/>Thigh</td> <td><input type="checkbox"/>Knee</td> <td><input type="checkbox"/>Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/>Ankle</td> <td colspan="3"></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? YES NO</p> <p>17. Do you feel stressed out? YES NO</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? YES NO</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Chest	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Forearm	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hand	<input type="checkbox"/> Finger	<input type="checkbox"/> Foot	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh	<input type="checkbox"/> Knee	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Ankle			
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<input type="checkbox"/> Ankle																					

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: _____

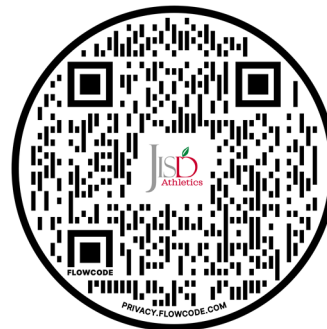
Date of Examination: _____

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