

Student's Name \_\_\_\_\_ School for 23-24 \_\_\_\_\_ Primary Sport \_\_\_\_\_ Sex \_\_\_\_\_ 23-24 Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**STUDENT-PARENT/GUARDIAN SECTION**

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. 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

	YES	NO
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**MEDICAL EXAMINER SECTION – All grades (7<sup>th</sup>-12<sup>th</sup>)**

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 student's MEDICAL HISTORY FORM in the left column. \*Local district policy REQUIRES an annual physical exam.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_  
 BP: \_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)  
 Vision: R-20/\_\_\_\_ L-20/\_\_\_\_ Corrected: Y or N Pupils: Equal/Unequal

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation Supine			
Heart – Auscultation Standing			
Heart – Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**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.  
 Date of Examination: \_\_\_\_\_  
 Name (print/type): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_

**This form must be on file prior to participation in any practice, scrimmage, performance or contest before, during, or after school.**

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

EXPLAIN 'YES' ANSWERS HERE (attach another sheet if necessary): \_\_\_\_\_

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.

-It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the UIL 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, 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 are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Parent/Guardian signature (required) \_\_\_\_\_ Date \_\_\_\_\_  
 Student signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY – This Medical History form was reviewed by:**  
 Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## A MESSAGE FROM COLLEGE STATION INDEPENDENT SCHOOL DISTRICT SPORTS MEDICINE DEPARTMENTS

College Station Independent School District employs 4 full-time staff Athletic Trainers that work with athletes at the two high schools and 3 full-time Athletic Trainers who work with our 3 middle schools. Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by Athletic Trainers comprise injury/illness prevention, emergency care, clinical evaluation and diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Staff athletic trainers work closely with team physicians, other physicians in the community, coaches, and parents to ensure the health-care needs of the injured athletes are being met.

### PRE-PARTICIPATION PHYSICAL EXAMS

The University Interscholastic League requires that student athletes have documentation on file each year that includes a medical history, acknowledgement of rules and risk of concussion and/or sudden cardiac arrest, a steroid testing agreement, and permission to participate in UIL activities. As a minimum requirement, the Pre-participation Physical Examination completed by a physician must be completed prior to junior high athletic participation and again prior to the first and third years of high school athletic participation.

College Station ISD recognizes that the pre-participation physical examination (PPE) is an important requirement in any organized program and should be performed by the athlete's primary care physician or school/team physician **ANNUALLY**. College Station ISD believes that going beyond the UIL minimum requirement is imperative as health conditions may change from year to year and the development of subtle problems may be overlooked. On the PPE form, the parent/guardian is required to reveal pertinent medical history. During the physical examination, the physician will go over the medical history and should educate the athlete about their individual health risks.

**PPEs for the 2023-2024 school year will not be accepted if physical is dated prior to April 1, 2023.**

College Station ISD believes that each child should establish a primary care physician and utilize that physician for their PPE. At the same time, we understand that due to circumstances, an option for athletes to obtain a less costly PPE is necessary. For that reason, College Station ISD offers "Physical Days" in which College Station ISD athletes may obtain a pre-participation physical examination for \$20.

### CSISD PHYSICAL LOCATIONS/DATES:

A&M Consolidated High School – May 3<sup>rd</sup> 3:00-5:30pm (by appointment)

College Station High School – May 10<sup>th</sup> 3-7:00pm (by appointment)

All Middle Schools – May 17<sup>th</sup> 4:00-7:00pm (by appointment)

**Important Note:** If your child has a previous medical/orthopedic condition, takes medication, or checks off >4 questions as a "yes" in the medical history portion of the paperwork, we encourage them to be seen by their primary care physician.

### REQUIRED UIL DOCUMENTS –

To access these forms please go to [www.rankonesport.com](http://www.rankonesport.com)

The 2023-24 school year forms will be available on/after April 1<sup>st</sup>. These forms must be on file prior to **ANY** athletic participation in August. This includes off-season workouts and summer workouts.

A&M CONSOLIDATED HIGH SCHOOL – [amchsathtrainer@csisd.org](mailto:amchsathtrainer@csisd.org)

COLLEGE STATION HIGH SCHOOL – [cshsathtrainer@csisd.org](mailto:cshsathtrainer@csisd.org)

A&M CONSOLIDATED MIDDLE SCHOOL – [amcmsathtrainer@csisd.org](mailto:amcmsathtrainer@csisd.org)

COLLEGE STATION MIDDLE SCHOOL – [csmathsathtrainer@csisd.org](mailto:csmathsathtrainer@csisd.org)

WELLBORN MIDDLE SCHOOL – [wmsathtrainer@csisd.org](mailto:wmsathtrainer@csisd.org)