

Student ID: \_\_\_\_\_

**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 | INITIALS* |
|--|--------|-------------------|-----------|
| <b>MEDICAL</b>   |        |                   |           |
| 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: \_\_\_\_\_

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/games/matches.

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

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_
Grade \_\_\_\_\_ School \_\_\_\_\_
Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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 physical? Yes No
2. Have you been hospitalized overnight in the past year? Yes No
3. Have you ever had prior testing for the heart ordered by a physician? Yes No
... 13. Have you ever gotten unexpectedly short of breath with exercise? Yes No
... 19. When was your first menstrual period? Females Only
... 20. Are you missing a testicle? Males Only

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 League 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.
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: \_\_\_\_\_ 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, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:
This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_