Student ID:						
PREPARTICIPATION PHYSICAL I	EVALUATION PHY	YSICAL E	XAMINATION			
Student's Name		Sex	Age	Date of Birth	1	
Height Weight						
			_			_
Vision: R 20/ L 20/	Corrected	l: ∐ Y	□N	Pupils:	☐ Equal	☐ Unequal
As a minimum requirement, this P prior to first and third years of high the student's MEDICAL HISTORY FOR	school participation	. It mus	t be completed if	there are yes a may require an	answers to spe	cific questions on
MEDICAL	NORMAL		ABNORMAL	FINDINGS		INITIALS
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)						
NI1-	T -					
Neck Back						
Shoulder/Arm	 					
Elbow/Forearm	+ +					
Wrist/Hand	+ +					
Hip/Thigh	1					
Knee						
Leg/Ankle						
Foot						
1001						
*station-based examination only						
•						
CLEARANCE						
□ Cleared						
☐ Cleared after completing evaluati	on/rehabilitation for:					
□ Not cleared for:			Reason:			
Recommendations:						
T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:.1 D			11 6	, D / C
The following information must be fi					-	
Physician Assistant Examiners, a Reg				-	-	
or a Doctor of Chiropractic. Examin	nation forms signed b	y any othe	er health care prac	ctitioner, will no	ot be accepted.	
Name (print/type)			Date of Exa	mination:		
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.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

	Student's Name: (print)									
	Address									
	Grade School Personal Physician					Phone				
	In case of emergency, contact:					I none		-		
	NameRelationship			Phone (H)	(W)		_		
	ain "Yes" answers in the box below**. Circle questions you don'									
		Yes	No				Yes	No		
1	Have you had a medical illness or injury since your last check up or physical?			13.	exercise?	n unexpectedly short of breath with				
	Have you been hospitalized overnight in the past year? Have you ever had surgery?	H			Do you have seasonal allergies that require medical treatment?			님		
. !	Have you ever had prior testing for the heart ordered by a physician?			14.	Do you use any spec	cial protective or corrective equipment or sually used for your activity or position	\exists			
	Have you ever passed out during or after exercise?					orace, special neck roll, foot orthotics,				
	Have you ever had chest pain during or after exercise?				retainer on your teet		_	_		
	Do you get tired more quickly than your friends do during			15.		a sprain, strain, or swelling after injury?		닏		
	exercise? Have you ever had racing of your heart or skipped heartbeats?	П	П		joints?	fractured any bones or dislocated any	Ш	П		
	Have you had high blood pressure or high cholesterol?				,	other problems with pain or swelling in				
	Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of				muscles, tendons, b		_	_		
	sudden unexplained death before age 50? Has any family member been diagnosed with enlarged heart,				Head	☐ Elbow ☐ Hip				
	(dilated cardiomyopathy), hypertrophic cardiomyopathy, long	_			☐ Neels	Forearm Thigh				
	QT syndrome or other ion channelpathy (Brugada syndrome,				Back	Wrist Knee Hand Shin/Cal				
	etc), Marfan's syndrome, or abnormal heart rhythm?				Chest		f			
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?				Shoulder	Finger Ankle				
	Has a physician ever denied or restricted your participation in activities for any heart problems?			16. 17.	Do you want to wei	Foot igh more or less than you do now? d out?	日			
	Have you ever had a head injury or concussion?	П	П	18.	Have you ever been	diagnosed with or treated for sickle cell	H	H		
	Have you ever been knocked out, become unconscious, or lost your memory?		\exists		trait or sickle cell d	isease?				
	If yes, how many times?			Females O	nly I choose not to	provide written information on Question 19 with a medi	but will	l discus essiona		
	When was your last concussion?			19. When	was your first menstru was your most recent	nal period?				
	when was your last concussion? When was your most recent menstrual period? How much time do you usually have from the start of one period to the start.									
	Have you ever had a seizure? Do you have frequent or severe headaches?	H	H	anothe						
	Have you ever had numbness or tingling in your arms, hands,	H	H			a had in the last year?				
	legs or feet?	ш	ш	What		between periods in the last year?				
	Have you ever had a stinger, burner, or pinched nerve?			Males Onl	I choose	e not to provide written information on Ques discuss with a medic				
	Are you missing any paired organs?			20. Are y	ou missing a testicle?					
	Are you under a doctor's care?			Do yo	ou have any testicular	swelling or masses?				
	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	An electrocardiogram (ECG) is not required. I have read and understand the					d the in	formati		
	Do you have any allergies (for example, to pollen, medicine,					the UIL Sudden Cardiac Arrest Awareness F				
	food, or stinging insects)?	_			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.					
	Have you ever been dizzy during or after exercise?					HE BOX BELOW (attach another sheet if necessar				
	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	Ш	Ш			The state of the s	27			
1.	Have you ever become ill from exercising in the heat?			1						
2.	Have you had any problems with your eyes or vision?									
	It is understood that even though protective equipment is worn by athlet nor the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student consent to such care and treatment as may be given said student by any school and any school or hospital representative from any claim by any pe	t should y physic	need im	mediate care a	and treatment as a result urse or school representa	of any injury or sickness, I do hereby request, au tive. I do hereby agree to indemnify and save l	thorize,			
	If, between this date and the beginning of participation, any illness or injurinjury.						ness or			
	I hereby state that, to the best of my knowledge, my answers to subject the student in question to penalties determined by the		bove q	uestions are	complete and correc	t. Failure to provide truthful responses c	ould			
			dian Sigi			Date:				
	Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medica assistant, chiropractor, or nurse practitioner is required before any p PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMA	articipa	tion in l	UIL practices	games or matches. TH	IIS FORM MUST BE ON FILE PRIOR TO	cian			
	School Use Only:									