chool:				ID:				
PREPARTICIPATIO	N PHYSIC	CAL E	VALUATIO	ON MEDICAL HISTORY	2020			
questions are designed to determine if the student has de-	veloped any o	ondition	n which would					
				AgeDate of Birth				
				Phone				
Grade S								
Personal Physician				Phone				
In case of emergency, contact:								
	_			(H)(W)				
Explain "Yes" answers in the box below**. Circle questions	you don't kno	w the a	nswers to.					
Have you had a medical illness or injury since your last c	heck Y		13.	Have you ever gotten unexpectedly short of breath with	Yes			
up or physical?  2. Have you been hospitalized overnight in the past year?				exercise?  Do you have asthma?				
Have you ever had surgery?  3. Have you ever had prior testing for the heart ordered by physician?	a $\square$		14.	Do you have seasonal allergies that require medical treatment Do you use any special protective or corrective equipment of devices that aren't usually used for your activity or position				
Have you ever passed out during or after exercise?  Have you ever had chest pain during or after exercise?	F			(for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?				
Do you get tired more quickly than your friends do during exercise?	g $\Box$		15.	Have you broken or fractured any bones or dislocated any				
Have you ever had racing of your heart or skipped heartb Have you had high blood pressure or high cholesterol?	eats?			joints? Have you had any 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 problem	s or of			muscles, tendons, bones, or joints?  If yes, check appropriate box and explain below:				
sudden unexpected death before age 50? Has any family member been diagnosed with enlarged h				☐ Head ☐ Elbow ☐ Hip				
(dilated cardiomyopathy), hypertrophic cardiomyopathy QT syndrome or other ion channelpathy (Brugada syndrome)				Neck         ☐ Forearm         Thig           Back         ☐ Wrist         ☐ Knee           ☐ Chest         ☐ Hand         ☐ Shin.	e			
etc), Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example,				Shoulder Finger Ankl	/Calf le			
myocarditis or mononucleosis) within the last month?  Has a physician ever denied or restricted your participation.	on in		16.	Upper Arm Foot Do you want to weigh more or less than you do now?				
activities for any heart problems?  Have you ever had a head injury or concussion?  Have you ever been knocked out, become unconscious, or	or lost		17. 18.	Do you feel stressed out?  Have you ever been diagnosed with or treated for sickle ce	:11 🔲			
your memory?  If yes, how many times?				remales Only  10. When was your first marginal paried?				
When was your last concussion?  How severe was each one? (Explain below)				hen was your first menstrual period? hen was your most recent menstrual period? by much time do you usually have from the start of one period to	to the start of			
Have you ever had a seizure?				another?				
Do you have frequent or severe headaches?  Have you ever had numbness or tingling in your arms, ha	ands,			How many periods have you had in the last year?  What was the longest time between periods in the last year?				
legs or feet? Have you ever had a stinger, burner, or pinched nerve?			20. D	Males Only 20. Do you have two testicles?				
<ul><li>5. Are you missing any paired organs?</li><li>6. Are you under a doctor's care?</li></ul>				21. Do you have any testicular swelling or masses? An electrocardiogram (ECG) is not required. By checking this box, I choose to				
<ul> <li>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler</li> <li>8. Do you have any allergies (for example, to pollen, medication)</li> </ul>	?		obtain unders	obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.				
food, or stinging insects)?  9. Have you ever been dizzy during or after exercise?  10. Do you have any current skin problems (for example, itcl	ying [		EXPLA	IN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if n	ecessary):			
rashes, acne, warts, fungus, or blisters)? 11. Have you ever become ill from exercising in the heat?	IIIIg,							
12. Have you had any problems with your eyes or vision?				ssibility of an accident still remains. Neither the University Interschol				
nor the school assumes any responsibility in case an accident occ If, in the judgment of any representative of the school, the above consent to such care and treatment as may be given said stude school and any school or hospital representative from any claim	urs. we student shou ent by any phy by any person	ald need i sician, at on accour	mmediate care hletic trainer, int of such care	and treatment as a result of any injury or sickness, I do hereby reques nurse or school representative. I do hereby agree to indemnify and so	st, authorize, a ave harmless t			
I hereby state that, to the best of my knowledge, my a subject the student in question to penalties determine Student Signature:				re complete and correct. Failure to provide truthful respons	ses could			
Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further	er medical eva	luation v pation i	vhich may incl n UIL practice	lude a physical examination. Written clearance from a physician, p es, games or matches. THIS FORM MUST BE ON FILE PRIOR TO	-			
This Medical History Form was reviewed by: Printed No.	ame			Date Signature				

PREPARTICIPATION PHYSICAL I	EVALUATION 1	PHYSICAL E	XAMINATION	ID:						
Student's Name		Sex	Age	Date of Birth						
Height Weight	% Body fat (opti	ional)	Pulse	BP/_ brachial blood	d pressure while sitting					
Vision: R 20/ L 20/	Correc	eted: Y	□N	Pupils:	☐ Unequal					
As a minimum requirement, this <b>Physical Examination Form</b> must be completed prior to junior high participation and again prior to first and third years of high school participation. It <b>must</b> be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * <b>Local district policy may require an annual physical exam.</b>										
	NORMAL		ABNORMA	L 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	T T									
Back										
Shoulder/Arm										
Elbow/Forearm	+ +									
Wrist/Hand										
Hip/Thigh	+									
Knee										
Leg/Ankle										
Foot										
1000										
*station-based examination only	1									
CLEARANCE										
□ Cleared										
☐ Cleared after completing evaluati	on/rehabilitation_t	for:								
Created after completing evaluation	on/rendomitation									
□ Not cleared for:			Reason:							
Recommendations:										
The following information must be fi	lled in and sioned	hy either a P	hysician a Phys	sician Assistant licensed by a St.	ate Roard of					
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 Ex	xamination:						
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.