

STUDENT NAME (LAST, FIRST) _____

Gender: (M/F) Sport(s): _____ School Year _____ ID# _____

PREPARTICIPATION PHYSICAL EVALUATION-MEDICAL HISTORY

PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

Please answer each question by circling "YES" or "NO".

This form must be completed and on file prior to participation in any practice(both in-season and out-of-season), before, during or after school, scrimmage game or contest. As a minimum the 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 as per UIL rules, **but the LISD requires annual completion of this form.**

Parent/Guardian: Circle any activity in which this student **is allowed** to participate:

Baseball Basketball Cross Country Football Golf Soccer Softball
Swimming&Diving Team Tennis Tennis Track&Field Volleyball Wrestling

1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
2. Have you been hospitalized overnight in the past year? YES NO
Have you had surgery in the past year? YES NO
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? YES NO
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO
5. Have you ever passed out during or after exercise? YES NO
Have you ever been dizzy during or after exercise? YES NO
Have you ever had chest pain during or after exercise? YES NO
Do you get tired more quickly than your friends do during exercise? YES NO
Have you ever had racing of your heart or skipped heartbeats? YES NO
Have you had high blood pressure or high cholesterol? YES NO
Have you ever been told you have a heart murmur? YES NO
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? YES NO
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? YES NO
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
7. Have you ever had a head injury or concussion? YES NO
Have you ever been knocked out, become unconscious, or lost your memory? YES NO
If yes, how many times? ____ When was the last concussion? _____
How severe was each one? (Explain below)
Have you ever had a seizure? YES NO
Do you have frequent or severe headaches? YES NO
Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
Have you ever had a stinger, burner, or pinched nerve? YES NO
8. Have you ever become ill from exercising in the heat? YES NO
9. Have you ever gotten unexpectedly short of breath with exercise? YES NO
Do you cough, wheeze, or have trouble breathing during or after activity? YES NO
Do you have asthma? YES NO
Do you have seasonal allergies that require medical treatment? YES NO
10. Have you had any problems with your eyes or vision? YES NO
11. Are you missing any paired organs? YES NO
12. 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
13. Have you ever had a sprain, strain, or swelling after injury? YES NO
Have you broken or fractured any bones or dislocated any joints? YES NO
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO

Height _____ Weight _____ %Body Fat _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

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 pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

- If yes, check appropriate box and explain below.
 ____ Head ____ Elbow ____ Hip ____ Neck ____ Forearm ____ Thigh ____ Back ____ Wrist ____ Knee
 ____ Chest ____ Hand ____ Shin/Calf ____ Shoulder ____ Finger ____ Ankle ____ Upper Arm ____ Foot
14. Do you want to weigh more or less than you do now? YES NO
Do you lose weight regularly to meet weight requirements for your sport? YES NO
 15. Do you feel stressed out? YES NO
 16. Are you under a doctor's care? YES NO

Females Only
 17. 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? _____

***Explain "Yes" answers here:** (A "yes" on questions 1, 2, 5, 7, 11 or 16 requires a further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in UIL practices, games or matches) _____

- CLEARANCE {Please check one}**
 Cleared (No restrictions)
 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, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted.

Physician Name (print/type): _____

Address: _____

Phone Number: _____

Physician Signature: _____ **Date:** _____