## **PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

Addes     Phase       25:21:6 Cost     45:45 School     Using transmission       1: up or polycial?     Relationship     Phase     Ensuit       2: more voltage in the box below**. Circle questions you don't know the answers to.     In the respinsion?     Ensuit       1: up or ophysical?     Name     Name     Name       2: more voltage interception the box below**. Circle questions you don't know the answers to.     Name     Name       1: up or ophysical?     Name     Name     Name       1: up or ophysical?     Do you have scannal?     Do you have scannal?       Have you exch had argory?     Do you have scannal?     Do you have scannal?       Have you exch had argory?     Do you have scannal?     Do you now any special protein ork. Tol. (not orrbites, retainer on your tech, having aid)?       Do you are question in during or after excessio?     Do you have scannal was do or proteins with pain or svelling in muscle.       Have you exch had herein gas 69?     Do you are work had or instance analy have do relater do instance analy have do row analy now of proteins with pain or svelling in muscle.       Have you exch had herein gas 69?     Do you are work had are now enable of the stange for enable herein, have so you are had have analy have do row and have have excelling an instance analy have do row and have have excelling an instance analy have do row analy	Student's Name: (print)							Date of ]	Birth			_
UptoCockid       IF %         In case of ourseparse; contact:       Relationship       Phone       Final         In the cycle answers in the box blow "*. Circle questions you don't know the answers to.       Inter cycle answers in the box blow "*. Circle questions you don't know the answers to.         I. goer physical?       Inter cycle and angle in the local lines or injury since your lane check       Inter cycle and angle in the local lines or injury since your lane check       Inter cycle and angle in the local line line line line line line line lin		45/4600										_
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Num       Relationship       Phone       Famil         Likey you had a medical illness or injury since your last check       Image is a second of the second integration of the second integratic integration in the second integration of th	1 (							KF %				_
Lipsen "Yes" answers in the box below**. Circle questions you dark have the answers to.           1         Have you are related interest or injury since your last check         Image: No           1         Have you are related inters or injury since your last check         Image: No         13           1         Have you are related inters or injury since your last check         Image: No         13           1         Have you are related inters or injury since your last check         Image: No         14           1         Have you are related inters or injury since your last check         Image: No         15           1         Have you ere related inters or injury since your last check         Image: No         16           1         Have you ere related inters or injury since your check your or pacticity or position         Image: No         16           1         Have you ere related inters or injury since your last check your or had a synch, string, are your erel had your hard or skinged hearth entit?         Image: No erel had your hard or skinged hearth entit?           1         Have you ere related into divers problemes or of into checked any your have a shift had heart into singed hearth entit?         Image: No erel had your hard or skinged hearth entit?           1         Have you ere related into divers your had your hard or skinged hearth entit?         Image: No erel had your hard or skinged hearth entits?           1         Have you ere related												
How you had a medical illness or injury since your last check                 We have you ever gotten unexpectedly short of breach with             evercise?                  Have you ever had surgery)               Do you have scannal allergics that require medical treament?                 Have you ever had prior testing for the heart ordered by             allery outer with age you ever passed out during or after exercise?               Do you have scannal allergics that require medical treament?                 Have you ever passed out during or after exercise?               Have you ever had base spin during or after exercise?               Have you ever had base spin during or after exercise?               Do you have assign adjuint or point fresh do during             devices that aren't usually used for the heart ordinal spin during or after exercise?             Have you ever had chest paint during or after treachesercite             Jiss and final during or after exercise?             Have you ever had any other molesment with pain or swelling in             muscles, tendons, base, base, or joints?             Have you had any dufter problems or of             Have you had any dufter problems or distacted any             joints?             Have you had a sevent vial in faction (for example,             myour tesh, baseng adjuint, criat, asseed with any ordinal contable sevent with a base in myrour tesh, baseng adjuint, criat, asseed with adjuint tesh sevent             Have you was any family member or ordinal tesh regiment             Have you ever had a sevent vial infection (for example,             myounoutenelassy buring or m								Email _				
<ol> <li>Hare you had a medical illness or injury since your last check         <ul> <li>Inter you ever guiter unexpectedly short of breath with             exercise?</li> <li>Do you have easibility?</li> <li>Do you have easibility problems with pain or swelling in moucles, fendons, bones, or joints?</li> <li>Have you have an easibility problems?</li> <li>Have you have an easibility problems?</li> <li>Have you easibility or have easibility for adaption or the paint easibility?</li> <li>Do you have the you have faint easibility for adaption or paint easibility</li></ul></li></ol>	Explain "Yes" answers in the box below**.	Circle questions you don'	t know	the ans	swers to.							
yee product     yee represent     Yee repre			Yes	No							Yes	N
2. Line 'you been hospitalized overnight in the past year? 3. Have you ever had sirger? 3. Have you ever had chest pan diring or after exercise? 4. Have you ever had chest pan diring or after exercise? 4. Have you ever had chest pan diring or after exercise? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had a sprint, "trans," or swelling after injury? 4. Have you ever had now other problems with point or swelling in macles, tendors, hones, or joints? 4. Have you ever had now other problems with point or swelling in macles, tendors, hones, or joints? 4. Have you ever had a sprint, "trans," or have you have had now other problems with point or swelling in macles, tendors, hones, or joints? 4. Have you ever had a sprint, "trans," or have you have had or have you have had a sprint, "trans," or have you have had a sprint, "trans, hads, "trans," or have had bade injury or concausion? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 4. Have you ever had a singer, hume, or pinchelme? 5. Are you mark a south a singer, hume, or pinchelme, "the have you have frequent enstanal pre	1	since your last check			13.	-	-	unexpecte	dly short of brea	ath with		[
Have you even had surgery?  I live you even had prior (sing for the heart ordered by a physician?  I live you even had prior (sing for the heart ordered by a physician?  I live you even had prior (sing for the heart ordered by a physician?  I live you even had prior (sing for the heart ordered by a physician?  I live you even had prior (sing for the heart ordered by a physician?  I live you even had prior (sing for the heart or skipped heartheats?  I live you even had spring, string for the heart or skipped heartheats? I live you even had spring, string for you heart or skipped heartheats? I live you even had spring, string for you heart or skipped heartheats? I live you even had a spring, string for you heart or skipped heartheats? I live you even had a spring, string for you heart or skipped heartheats? I live you even had a spring string for you had any other problems with pain or swelling in many family member or lealive died of heart problems or of staden unceptable addres heartheats? I live you even had a spring string for the heart problems or of staden unceptable addres heartheats? I live you had a sveres with phi holestero? I live you even had had proformed physical address heartheats? I live you even had had any other problems with pain or swelling in many family member or lealive tied of heart problems or of shoulder I finger I links? I live you even had had injuty or concussion? I live you with a sveres with link hole at month? I live you even had had injuty or concussion? I live you with a sveree many linke live in wheartheat a string of you want is visited? I live you with a start of one prior heart or skipped leading live you with a start of one prior love live string of you want is visited? I live you with a start of one prior love with a heart you? I live you with a start of one prior love with a heart you? I live you with a start of one prior love with a start of one prior love with a heart you? I live you with a start of one prior love with you with a stort of one prior love with you with a	1 1 5	the past year?	п	п				,				[
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physician?       devices that arcrives usually used for your activity or position         flave you ever had chest paina (daring or after exercise?       iffer example, kace brace, special neck: roll, bot orthotics, retainer on your tech, hearing ald?         Do you get if damme quickly than your first das do during or after exercise?       iffer example, kace brace, special neck: roll, bot orthotics, retainer on your tech, hearing ald?         Have you ever had a sprint, strain, or swelling after injury?       Have you ever had a sprint, strain, or swelling after injury?         Have you ever had more quickly than your heart on skipped heartheard?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody you hear to a kaping debartheard?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody on have a heart nurmar?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody on have a heart nurmar?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody on have a heart nurmar?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody on have a heart nurmar?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody on hore a heart nurmar?       iffer example, kace, lendons, bones, or joins?         Have you ever hear tody on hore a heart nurmar?       iffer example, kace, lendons, bones, or joins?         Have you ever hear had head injury or oncension?       iffer example, kace, lendons, bones, or		eart ordered by a			14.							I
Inter you ever had below jand drives of scales			_									
Do you get tired more quickly than your friends do during       15.       Have you ever had a sprain, strain, or welling after injury?         Have you bree had in facing of your heart or skipped hearbeats?       )       )         Have you bree hol do you have a heart murn?       )       Have you bree hol do you have a heart murn?         Have you bree hol do you have a heart murn?       )       Hive you bree hol do you have a heart murn?         It way you ever hol do you have a heart murn?       )       Hive you ever hol do you have a heart murn?         It way you have for or lative died of heart problems or of       0       If yes, check appropriate box and explain below:         With way form?       It was you ever hol do you have a heart murn?       It was you ever hol do you have a heart murn?         Off syndrome or other robies cardionyyou hyl, long       It was you ever hol a secure vial infection (for example, medicate)       It was you ever bean diagoed with or trated for sickle cell infection (for example, medicate)         Have you ever hoad a secure vial infection (for example, medicate)       16.       Do you want to weigh more or less than you do now?         Have you ever hoad a strate or more heart sole within the lation mont?       It was you ever bean diagoed with or treated for sickle cell inserve?         Have you ever hoad a strate?       16.       Do you want to weigh more or less than you do now?         It was you ever hoad a strate?       18.       Have you ever bean di										orthotics,		
exercise? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any joints? Have you broken or factured any benes or dislocated any other problems with pain or swelling in muscles, tendons, benes, joints? Have you have any early interview ded of heart problems or dislocated any other problems or or dislocated any other problems with pain or swelling in muscles, tendons, benes, joints? Have you have any early interview ded of heart problems or dislocated any other problems or or their on channelpathy (Brugdas yndrome, etc), Marfan's syndrome, or abnormal heart rhythm? Have you early and severe vial factor (for example, myoenditis or monouclessis) within the last month? Have you ever been hacked do ub, become unconscious, or lost your manneor? Have you ever been hacked and buck become unconscious, or lost your memory? Have you ever been hacked and buck become unconscious, or lost your set had a head injury or concussion? Have you ever had a stime strue? Have you ever had a stime, become unconscious, or lost your memory? Have you ever had a stime, prover headaber? Have you ever											_	
Have you which had negrees to high cholesterol?       joint?         Have you had any other problems with pain or swelling in muscles: tendons, bones, or joint?       Have you had any other problems with pain or swelling in muscles: tendons, bones, or joint?         Has any family member or relative died of heart problems or of problems or of problems with enlarged heart, clidated catchory paths), long QT syndrome or other in channelpathy (Brugada syndrome, etc.), Marfan's syndrom, or abone male heart typhth?       Head       Hip         QI syndrome or other in channelpathy (Brugada syndrome, etc.), Marfan's syndrom, or abonemal heart typhth?       Head       Back       Wrist       Knee         Chest Hand       ShiniCalf       Back       Wrist       Knee       Shoulder       Finger       Ankle         myocardition or oronout locisity within the last month?       Back       Wrist       Shoulder       Finger       Ankle         Have you ever had a head injury or concussion?       If. New you ever had a head injury or concussion?       If. New you ever head singer, burner, or pinched nerve?       New was your first menstrul period?       How may wort first menstrul per		friends do during			15.							l
Have you very bend high block prostner or high cholesterol?       Have you very spen tod you shave a heart nurmer?         Has any family member or relative died of heart problems or of       If yes, heark appropriate box and explain below:         Has any family member bend diagooed with enlarged heart,       If yes, heark appropriate box and explain below:         If as any family member bend diagooed with enlarged heart,       If Head       Elbow       Hip         (dilated cardiomyopathy), hopettrophic cardiomyopathy, long       Neck       Forearm       Thigh         QT syndrome or other ion champelpath, (Brugads syndrome, etc), Marfan's syndrome, or aborrial heart frythm?       Back       Wrist       Koe         Have you used as server viail faction (for example, myor concussion?       If boy you want to weigh more or less than you do now?       Do you want to weigh more or less than you do now?         Have you ever been knocked out, become unconscious, or lost your memory?       If boy want you ever been diagnosed with or treated for sickle cell trains or sickle cell disease?       Feendes Only         Have you ever been knocked out, become unconscious, or lost your memory?       If boy want you want to social period?       More was your first menstrail period?       More was your first menstrail period?         Have you ever been knocked out, become unconscious, or lost you memory?       If you many periods have you have and on explain the last year?       More was your more treated for menstrail period?         Have you ever bean ki		r alring ad haarthaata?					-	tractured ar	iy bones or dislo	ocated any		
Ilave you ever been tool you have a heart murmur?	5	11				5		har probla	na with nain an	avvalling in	п	1
Has any family member or relative died of heart problems or of lass any family member or relative died of heart problems or of lass any family member been diagnosed with enlarged heart, (dilated cardiomyopatity), hopetrophic eardiomyopatity, long       If yes, check appropriate box and explain below:         (Glated cardiomyopatity), hopetrophic eardiomyopatity, long       If ead       Elbow       If ip         (Glated cardiomyopatity), hopetrophic eardiomyopatity, long       Neck       Forearm       Thigh         (Glated cardiomyopatity), hopetrophic eardiomyopatity, long       Neck       Forearm       Thigh         (Glated cardiomyopatity), hopetrophic eardiomyopatity, long       Neck       Finager       Ankle         (Wardin's syndrome, or abnormal heart hythm?       Back       Wrist       Kace         Have you ever had a server valin if the last month?       Do you want to weight more or less than you do now?       Do you want to weight more or less than you do now?         4. Have you ever bean kneded to, become unconscious, or lost memory?       If we you ever bean diagnosed with or treated for sickle cell tassace?       How much time do you usult have from the start of one period to the s another?         If yes, how many times?       If we you ever thad a singer, burner, or pinched nerve?       If New nawy your first menstrual period?       Moles Only         If we you ever thad a singer, burner, or pinched nerve?       If New on your insing any particed start?       If New on youre your missing any particed start?									-	swenning in		
sudden uncxplaned death before age 50? Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or diagnosed with collarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or diagnosed with collarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or viral infection (for example, myocarditis or monounle least hythm?) Has any family syndrome, etc.), Mafrait's syndrome, etc., Mafrait'syndrome, etc., Mafrait's s										v.		
(dilated cardiomyopathy). hypertrophic cardiomyopathy. long <ul> <li>Neck</li> <li>Forearm</li> <li>Tright</li> <li>Rack</li> <li>Wrist</li> <li>Knee</li> <li>Back</li> <li>Wrist</li> <li>Knee</li> <li>Back</li> <li>Wrist</li> <li>Knee</li> <li>Shoulder</li> <li>Finger</li> <li>Ankle</li> <li>Dyper Arm</li> <li>Foot</li> <li>Ankle</li> <li>Dyper Arm</li> <li>Foot</li> <li>Back</li> <li>Wrist</li> <li>Knee</li> <li>Dyper Arm</li> <li>Foot</li> <li>Shoulder</li> <li>Finger</li> <li>Ankle</li> <li>Dyper Arm</li> <li>Foot</li> <li>Back woild basever or less than you do now?</li> <li>To by you rest the stand of a sweet or less than you do now?</li> <li>To by you rest present on the stand of news?</li> <li>To by you rest the stand of news?</li> <li>Have you ever been diagnosed with or treated for sickle cell treated or sickle cell disease?</li> <li>Females Only</li> <li>When was your first treatmal period?</li> <li>When was your first treatmal period?</li> <li>When was your first treatmatial period?</li> <li>When was your most recent menstrual period?</li> <li>When was your most recent mestrual period?</li> <li>When was your action neore reliable stand of one period to the stand of a period to the stand of new periods have you work had a stinger, burner, or pinched nerve?</li> <li>Do you have any testicular swelling or mass?</li> <li>The you missing any paired organs?</li> <li>Do you have any sticular swelling or mass?</li></ul>	sudden unexplained death before age 50%	)	_	_		11 9 00	, encon appropr	uite oon ui				
QT syndrome or other ion chamelpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart flythm?       Image       Image       Image         etc.), Marfan's syndrome, or abnormal heart flythm?       Image       Image       Image       Shou/Call (Image)         Have you ever ivral infection (for example, imply or concussion?       Image       Image       Image       Image         Have you ever had a head injury or concussion?       Image       Image       Image       Image       Image         Have you ever back honcked out, become unconscious, or lost your memory?       If yes, how many times?       Image       Image <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>Head</td><td>🗆 Elb</td><td>ow</td><td>🗆 Hip</td><td></td><td></td></t<>							Head	🗆 Elb	ow	🗆 Hip		
etc). Martian's syndrome, or abnormal heart rhythm? <ul> <li>Chest</li> <li>Hand</li> <li>Shoulder</li> <li>Finger</li> <li>Ankle</li> <li>Upper Arm</li> <li>Foot</li> <li>Do you fait or vestige and the start of one periods on one?</li> <li>To Do you fait or wells more or less than you do now?</li> <li>Have you ever been knocked out, become unconscious, or lost your memory?</li> <li>If yes, how many times?</li> <li>If yes, how many times?</li> <li>When was your last concussion?</li> <li>Have you ever had a shear with below?</li> <li>Now as your last concussion?</li> <li>When was your last concussion?</li> <li>How you ever had a server?</li> <li>Now as your first menstrual period?</li> <li>When was your last concussion?</li> <li>How severe was each one? (Explain below)</li> <li>How was your insot recent menstrual period?</li> <li>What was you rout fait on the start of one period to the stant of one period to the stant of one period to the stant of cone periods in the last year?</li> <li>How you ever had a singer, burner, or pinched nerve?</li> <li>Are you missing any pair of organs?</li> <li>Are you missing any pair of organs?</li> <li>Do you have any testicular swelling or masses?</li> <li>Do you have any testicular swelling or such ECG or my student for additis personsibili more an accident care and trane</li></ul>							Neck	□ For	earm	Thigh		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?       Image: Shoulder information in activities for any heart problems?       Andle         Have you ever had a head ingray or crestricted your participation in activities for any heart problems?       Information information in activities for any heart problems?       Information informatin information information information informa	QT syndrome or other ion channelpathy	(Brugada syndrome,					Back	□ Wr	ist	□ Knee		
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Hase poly ever had a head injury or concussion?       16.       Do you want to weigh more or less than you do now?         Have you ever had a head injury or concussion?       18.       Have you ever been knocked out, become unconscious, or lost your memory?         Have you ever been knocked out, become unconscious, or lost your memory?       18.       Have you ever been knocked out, become unconscious, or lost your memory?         Have you ever had a seizure?       18.       Have you ever been knocked out, become unconscious, or lost your memory?         Have you ever had a seizure?       19.       When was your first menstrual period?         Have you ever had a seizure?       19.       When was your most recent menstrual period?         Have you ever had a seizure?       10.       What was the longest time between periods in the last year?         Have you ever had a stinger, burner, or pinched nerve?       20.       Are you missing any paired organs?         5.       Are you under a doctor's care?       20. Only ou have from the start of one period to the set any allergies (for example, to pollen, medicine, food, or stinging insects)?       An electrocardiggram (ECG) is not required. Have read and understand information about cardiac screening on the UL Sudden Cardiac Arrestical to a wareness form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand in the theresponsibilit rote and an eacident corest.         11. Have you ever becom all from carcrising in the heat?       11.       11.	-	-							0	□ Ankle		
activities for any heart problems?       Image: provide the stressed out?         Have you ever had a head injury or concussion?       Image: provide the stressed out?         Have you ever been knocked out, become unconscious, or lost your memory?       If yes, how many times?         If yes, how many times?       Image: provide the stressed out?         How sover the as evizure?       Image: provide the start of one period to the start of one period to the start of one period to the start of an other?         How sever was each one? (Explain below)       How may times?         Have you ever had a stigger, burner, or pinched nerve?       Image: provide the start of one period to the start of one period to the start of an other?         Have you ever had a stinger, burner, or pinched nerve?       Image: provide the start of one period to the start of an other?         Have you ever had a stinger, burner, or pinched nerve?       Image: provide the start of one period to the start of one period to the start of one period to the start of an other?         Are you missing any paired organs?       Image: provide the start of one period to the start of one stressene stressene stressene stressene stressene stressene str					16					o morri?	_	
4.       Have you ever had a head injury or concussion?       Is       Have you ever hean diagnosed with or treated for sickle cell trait or sickle cell disease?         Your memory?       If yes, how many times?       Is       Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?         When was your last concussion?       Is       Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?         How sever was each one? (Explain below)       How many times?       Is       How many prodis have you had in the last year?         Have you ever had a sizure?       Is       How many prodis have you had in the last year?       Is         Males Only       20. Are you missing any parted organs?       Is       Males Only       20. Are you my times at sticle?       Is         A rey ou under a doctor's care?       Is       Is electroardiogram (ECG) is not required. Thave read and understand information about cardiac screening. I understand it is the responsibil more mains and paried organ is in thale??       Is       Is uderstand it is the responsibil my family to schedule and pay for such ECG.         9. Have you ever been diagnosed with you reens or vision?       Is       Is       EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessar raskes, acne, yor bisers?)?         11. Have you ever been diagnosed your evers or vision?       Is       Is understand the beginning of participation, any physician, athletic trainer, nurve or school representative of t		your puriorpution in							less than you d	o now?		
nave you ever had numers in halded out, become unconscious, or lost	Have you ever had a head injury or conc	ussion?	_	_		-			·	c · 1 1 11		
your memory?       Females Onfy         If yes, how many times?       19. When was your first menstrual period?         How severe was each one? (Explain below)       19. When was your most recent menstrual period?         Have you ever had a seizure?       19. When was your most recent menstrual period?         Have you ever had a seizure?       19. When was your most recent menstrual period?         Have you ever had a seizure?       10. When was your most recent menstrual period?         Have you ever had a stinger, burner, or pinched nerve?       20. Are you missing a testicle?         5. Are you urissing any paired organs?       21. Do you have any testicular swelling or masses?         6. Are you urrently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?       An electroardiogram (ECG) is not required. Thave read and understand information about cardiac screening on the ULL Sudden Cardiac Arrest         7. Are you urerently taking out or after exercise?       11. Mave you ever been dizzy during or after exercise?       11. Mave you ever been dizzy during or after exercise?         9. Have you ever become ill from exercising in the heat?       11.       11. Mave you ever become ill from exercising in the heat?       11.         11. Have you ever become ill from exercising in the heat?       11.       11. Have you were become ill from exercising in the heat?       11.         12. Have you had any problems with youre yees or vision?       11.       11	<ol> <li>Have you ever been knocked out, becom</li> </ol>	e unconscious, or lost	H		18.		•	-	with or treated	for sickle cell		
When was your last concussion?       When was your most recent menstrual period?         How severe was each one? (Explain below)       How much time do you usually have from the start of one period to the stand the severe headaches?         Have you ever had a stizure?       How many periods have you had in the last year?         Have you ever had a stinger, burner, or pinched nerve?       20. Are you missing any paired organs?         6. Are you under a doctor's care?       20. Are you missing inspects?         7. Are you ever had a stinger, burner, or pinched nerve?       20. Are you missing a testicle?         20. Are you under a doctor's care?       21. Do you have any testicular swelling or masses?         7. 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 information about cardia carcerening on the ULL Sudden Cardiac Arrest         9. Have you ever bee dizzy during or after exercise?       1         9. Have you ever become differe exercising in the heat?       1         11. Have you ever become differe exercising in the heat?       1         12. Have you had any problems with your eyes or vision?       1         13. Have you ever become differe exercising in the heat?       1         14. Have you ever become differe exercising in the heat?       1         12. Have you ever become differe exercising in the bave student should need immediate care	5				Females O	trait o	or sickle cell dis	sease?				
How severe was each one? (Explain below)       How nuch time do you usually have from the start of one period to the stands, are you ever had a seizure?         Have you ever had a seizure?       How much time do you usually have from the start of one period to the stands, legs or feet?         Have you ever had numbness or tingling in your arms, hands, legs or feet?       How many periods have you had in the last year?         Males Only       20. Are you missing any paired organs?       Image: Only         6. Are you under a doctor's care?       Do you have any testicular swelling or masses?       21. Do you have any setticular swelling or masses?         7. Are you currently taking any prescription or non-prescription food, or stinging insects?       Image: Only       20. Are you missing a testicle?         9. Have you ever bend üzzy during or after exercise?       Image: Only       20. Are you for additional cardiac screening. I understand it is the responsibil my family to schedule and pay for such ECG.         9. Have you ver been düzzy during or after exercise?       Image: Only       EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessar         10. Do you have any urrent skin problems with your eyes or vision?       Image: Only       EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessar         11. Have you were been düzzy       Image: Only       Image: Only       Image: Only         11. Have you and any school of hospital epresentative of the school, the above student shoul need immediate care and treatment as a result o					19. Wł	nen was y	our first menst	rual period	?			
Have you ever had a seizur?						-			-			
In the your of the advance of the product of as evere head aches?       In the product of as evere head and unbrines or tingling in your arms, hands, legs or feet?       How many periods have you had in the last year?         Have you ever had a stinger, burner, or pinched nerve?       In the product of the prepredict of the product of the product of the		(w)					time do you usu	ually have f	from the start of	one period to the	e start	of
Have you ever had numbness or tingling in your arms, hands, legs or feet?       What was the longest time between periods in the last year?         Have you ever had a stinger, burner, or pinched nerve?       Males Only         5. Are you under a doctor's care?       Do you have any testicular swelling or masses?         6. Are you under a doctor's care?       Do you have any testicular swelling or masses?         7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?       No you have any alterigies (for example, to pollen, medicine, food, or stinging insects)?         9. Have you ever been dizzy during or after exercise?       Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?       In electrocardiogram (ECG) is not required. I have read and understand information about cardiac screening. I understand it is the responsibil my family to schedule and pay for such ECG.         11. Have you ever been dizzy during or after exercise?       De you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?       EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessar in school and any problems with your eyes or vision?         12. Have you had any problems with your eyes or vision?       EXPLAIN 'YES' ANSWERS IN THE BOX between y injury or sickness, I do hereby agree to indemnify and save harr school and any school or hospital representative from any claim by any person on account of such care and treatment as a result of any injury or sickness, I do hereby agree to indemnify and save harr school and any school or hospital representative from an	Do vou have frequent or severe headach	es?				-		- 	- 1+			
legs or feet?       Male source of the control of the object and optical method periods in the half year improvement of the period optical improvement optical improvement of the period period period period period period period perio										t voor?		
Are you ever had a sunger, ourner, or punced nerve?       20. Are you missing a testicle?         5. Are you under a doctor's care?       21. Do you have any testicular swelling or masses?         7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?       21. Do you have any testicular swelling or masses?         8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?       An electrocardiogram (ECG) is not required. I have read and understand information about cardiac screening. I understand it is the responsibilit my family to schedule and pay for such ECG.         9. Have you ever been dizzy during or after exercise?       EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessar in the set), and any problems (for example, itching, rashes, acne, warts, fungus, or blisters)?         11. Have you ever been dizzy during or given eyes or vision?       EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessar in the school assumes any responsibility in case an accident occurs.         11. Have you had any problems with your eyes or vision?       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 Le nor the school assumes any responsibility in case an accident occurs.         11. How you had any problems (or basite representative from any claim by any person on account of such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby request, autho consent to such care and treatment as may be given said student by	legs or feet?	•	-				ie iongest time	between pe	chous in the last			
<ul> <li>5. Are you unissing any paired organs?</li> <li>6. Are you under a doctor's care?</li> <li>7. Are you under a doctor's care?</li> <li>9. Have you event become the counter) medication or pills or using an inhaler?</li> <li>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?</li> <li>9. Have you ever been dizzy during or after exercise?</li> <li>10. Do you have any urent skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?</li> <li>11. Have you ever become ill from exercising in the heat?</li> <li>12. Have you had any problems with your eyes or vision?</li> <li>13. Have you even become sing responsibility in case an accident occurs.</li> <li>14. Have you had any problems with your eyes or vision?</li> <li>15. Have you even become sing responsibility in case an accident occurs.</li> <li>16. If is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le nor the school assumes any responsibility in case an accident occurs.</li> <li>17. If, in the judgment of any representative of the school, the above student by any physician, athletic trainer, nurse or school representative. I do hereby request, autho 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 harm school and any school or bospital representative form any claim by any person on account of such care and correct. Failure to provide truthful responses could subject the student in questions 1, 2, 3, 4, 5, or 6 requires form any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO</li> </ul>	Have you ever had a stinger, burner, or p	inched nerve?					ssing a testicle	?				
<ul> <li>6. Are you under a doctor's care?</li> <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, medicine, food, or stinging insects)?</li> <li>9. Have you ever been dizzy during or after exercise?</li> <li>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or bilisters)?</li> <li>11. Have you ever become ill from exercising in the heat?</li> <li>12. Have you have 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, autho 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 harm school and school 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 injury.</li> <li><b>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 ULL Student Signature:</b></li></ul>	5. Are you missing any paired organs?								or masses?			
<ul> <li>7. Are you currently taking any prescription of non-prescription of an apprescription of non-prescription of non-pres</li></ul>						2	,	5		ad and understa	nd the	
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? 9. Have you ever been dizzy during or after exercise? 10. Do you have any current skin problems (for example, itching, rashes, acne, warfs, fungus, or blisters)? 11. Have you ever become ill from exercising in the heat? 12. Have you had any problems with your eyes or vision? 13. 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 Le nor the school assumes any responsibility in case an accident occurs. 14. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as any begiven said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harn school or hospital representative from any claim by any person on account of such care and treatment of said student. 17. 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 injury. 17. 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 couls subject the student in question to penalties determined by the UIL Student Signature: 2. Parent/Guardian Signature: 2. Parent/Guardian Signature: 2. Date: 2. 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 assistant, chiropractor, or murse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO												
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<ul> <li>9. Have you ever been dizzy during or after exercise?</li> <li>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?</li> <li>11. Have you ever become ill from exercising in the heat?</li> <li>12. Have you had any problems with your eyes or vision?</li> <li>13. Have you had any problems with your eyes or vision?</li> <li>14. Have shool assumes any responsibility in case an accident occurs.</li> <li>15. 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, author 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 harn school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.</li> <li>17. Have you 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 illnes injury.</li> <li>11. Hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses coul subject the student in question to penalties determined by the UIL Student Signature:</li></ul>		··· F ·····, ·····,								it is the responsi	bility c	t
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11. Have you ever become ill from exercising in the heat?          12. Have you had any problems with your eyes or vision?           12. Have you had any problems with your eyes or vision?           13. 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 Le nor the school assumes any responsibility in case an accident occurs.         11. 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, author 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 harm 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illnes 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 couls subject the student in question to penalties determined by the UIL         Student Signature:           Parent/Guardian Signature:           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 participati	10. Do you have any current skin problems (				LAFLA	IIN TES	ANSWERS IN	THE BOX B	ELO W (attach an	other sheet if heces	sary).	
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assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO	Student Signature:	Pare	ent/Guar	rdian Sig	nature:				Date:			
For School Use Only:	assistant, chiropractor, or nurse practition PARTICIPATION IN ANY PRACTICE, SO	er is required before any pa	articipa	ation in	UIL practice	s, games o	or matches. THI	S FORM M			cian	

## **PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name		Sex	Age	Date of Birth		
Height	Weight	% Body fat (optional)	Pulse	BP		/,) od pressure while sitting
Vision: R 20/	L 20/	Corrected: $\Box$ 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*
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) 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.