

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY REVISED 1-6-09

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

Explain "Yes" answers in the box below. Circle questions you don't know the answers to.**

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

YES NO **1** Have you had a medical illness or injury since your last check up or sports physical?

Explain: _____

YES NO **2** Have you been hospitalized overnight in the past year?

YES NO Have you ever had surgery?

Explain: _____

YES NO **3** Have you ever passed out 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?

Explain: _____

YES NO **4** 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?

YES NO When was the last concussion?

YES NO How severe was each one?

YES NO 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?

Explain: _____

YES NO **5** Are you missing any paired organs?

Explain: _____

YES NO **6** Are you under a doctor's care?

Explain: _____

YES NO **7** Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?

Explain: _____

YES NO **8** Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?

Explain: _____

YES NO **9** Have you ever been dizzy during or after exercise?

Explain: _____

YES NO **10** Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?

Explain: _____

YES NO **11** Have you ever become ill from exercising in the heat?

Explain: _____

YES NO **12** Have you had any problems with your eyes or vision?

Explain: _____

YES NO **13** Have you ever gotten unexpectedly short of breath with exercise?

YES NO Do you have asthma?

YES NO Do you have seasonal allergies that require medical treatment?

Explain: _____

YES NO **14** 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)?

Explain: _____

YES NO **15** 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?

Explain: _____

YES NO **16** 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?

Explain: _____

YES NO **17** Do you feel stressed out?

Explain: _____

YES NO **18** Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?

Explain: _____

19 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?

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by:

School Official: Printed Name: _____ Date _____ Signature _____
(for middle school coaches)

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 athletic participation and again prior to first and third years of high school athletic 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*

	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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

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 games/matches.

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction of schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.)

When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).

- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

University Interscholastic League Steroid Agreement

Parent and Student Agreement/Acknowledgement ~ Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil-texas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____

Grade (9-12) _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil-texas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Parent / Guardian Name (Print): _____

Relationship to student: _____ Date: _____

X _____
Student Signature

X _____ **SIGN HERE**
Parent Signature

SPRING ISD Athlete Emergency Information

Please Print Except for Signatures

Name _____ Birthdate _____ Grade _____ School: _____

Parent/Guardian: (father) _____ (mother) _____

Father's Home Phone _____ Work Phone _____ Cell Phone : _____

Mother's Home Phone _____ Work Phone _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

Name of person living close by who can be contacted in case of an emergency:

Name: _____ Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

PRIVATE (PRIMARY) INSURANCE

Co. Name _____ Pre-authorization phone # _____

Insurance Company Address _____

City _____ State _____ Zip Code _____

Name of Insured _____ SSN _____

Group# _____ Policy# _____ Other# _____

My son / daughter is covered by the above insurance policy. _____ Yes _____ No

Known Allergies (drug,food,insect,etc...) _____

Special Medical Problems _____

Medications (inhaler, insulin etc...) _____

SPRING ISD Athlete Emergency Information

Please Print Except for Signatures

Name _____ Birthdate _____ Grade _____ School: _____

Parent/Guardian: (father) _____ (mother) _____

Father's Home Phone _____ Work Phone _____ Cell Phone : _____

Mother's Home Phone _____ Work Phone _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

Name of person living close by who can be contacted in case of an emergency:

Name: _____ Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

PRIVATE (PRIMARY) INSURANCE

Co. Name _____ Pre-authorization phone # _____

Insurance Company Address _____

City _____ State _____ Zip Code _____

Name of Insured _____ SSN _____

Group# _____ Policy# _____ Other# _____

My son / daughter is covered by the above insurance policy. _____ Yes _____ No

Known Allergies (drug,food,insect,etc...) _____

Special Medical Problems _____

Medications (inhaler, insulin etc...) _____

Parent / Guardian Consent to Treatment of Student-Athlete

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

I, _____, the undersigned parent / guardian of
Name of Parent

_____, _____,
Name of Student Student's SSN

a minor, do hereby authorize any Spring ISD athletic trainer or school representative on my behalf to consent to any medical treatment deemed necessary by any licensed physician / surgeon in the event of illness or injury to the above named minor.

If, in the judgement of any representative of the school, the above named student needs 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 to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment.

These authorizations shall remain effective until the end of the 20___ / 20___ school year.

X _____

Parent / Guardian Signature

_____ Date

Parent / Guardian Consent to Treatment of Student-Athlete

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

I, _____, the undersigned parent / guardian of
Name of Parent

_____, _____,
Name of Student Student's SSN

a minor, do hereby authorize any Spring ISD athletic trainer or school representative on my behalf to consent to any medical treatment deemed necessary by any licensed physician / surgeon in the event of illness or injury to the above named minor.

If, in the judgement of any representative of the school, the above named student needs 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 to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment.

These authorizations shall remain effective until the end of the 20___ / 20___ school year.

X _____

Parent / Guardian Signature

_____ Date