PAID:

PASADENA ISD–UIL ATHLETIC PARTICIPATION FORM
HIGH SCHOOL FORM GRADES 9-12

2016-2017

RECEIPT#

(High School Form Only-Grades 9-12, Intermediate Grades 7-8 form is different)

A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT ATHLETE CAN PARTICIPATE IN **ANY ATHLETIC ACTIVITY** WHICH INCLUDES TRY-OUTS, OFFSEASON, PRACTICE AND COMPETITION. ALL FORMS SHOULD BE GIVEN TO AN ****ATHLETIC TRAINER ONLY**.** ATHLETIC FORMS SHOULD NOT BE TURNED INTO A COACH, NURSE, FRONT OFFICE OR ANY OTHER PLACE BESIDES THE ATHLETIC TRAINING ROOM.

Please note you will need to have electronically signed all other documentation required by UIL which can be found at www.rankonesport.com before a student athlete can participate in ANY ATHLETIC ACTIVITY which includes TRY-OUTS, OFFSEASON, PRACTICE AND COMPETITION.

All Physicals must be an **ORIGINAL** (no copies, fax, etc.) and the **CORRECT SCHOOL YEAR**. NO PHYSICAL WILL BE PERFORMED OR ACCEPTED BEFORE March 15, 2016. It is the athlete's responsibility to update new information as soon as it becomes available. (New address, phone number, etc…)

Student ID #:_______________ Gender: Male / Female Date of Birth:______/______/______ Age:_______ Grade (2016-2017):___________

Last Name:____________________ First Name:_____________________ Home Phone:________________ Cell Number: _______________

Address:____ City/Zip: ____

Circle the school that you will be attending in 2016-2017:

High Schools: Dobie Memorial Pasadena Sam Rayburn South Houston

Sport(s)

*****Pasadena ISD requires an annual physical exam*****

Height:_______________ **Weight**:_______________ **Pulse**:_______________ **BP**:_______________

Vision: R – 20/_______________ L – 20/_______________ **Pupils**: Equal/Unequal **Corrected**: Y N

MEDICAL EXAMINER SECTION

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation Supine			
Heart – Auscultation Standing			
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			

CLEARANCE

** Station-based examination only*

❑ Cleared

❑ Cleared after completing evaluation/rehabilitation

for:_______________________________

____

❑ Not cleared

for:_______________________________

____

Recommendations:___________________

____

*****NOTE OF CLEARANCE MUST BE ON LETTERHEAD OF CLEARING PHYSICIAN*****

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.

Date of Examination: ______________________

Name (print/type):_________________________

Address: __________________________

Phone Number: ______________________

Physician's Signature: ______________________

Must Include Physician stamp to be valid

2016-2017

STUDENT – PARENT/GUARDIAN SECTION

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.***

Check:	YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	❑	❑
2. Have you been hospitalized overnight in the past year?	❑	❑
Have you ever had surgery?	❑	❑
3. Have you ever passed out during or after exercise?	❑	❑
Have you ever had chest pain during or after exercise?	❑	❑
Do you get tired more quickly than your friends do during exercise?	❑	❑
Have you ever had racing of your heart or skipped heartbeats?	❑	❑
Have you had high blood pressure or high cholesterol?	❑	❑
Have you ever been told you have a heart murmur?	❑	❑
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	❑	❑
Has any family member been diagnosed with enlarged heart (dilated cardiomyopathy), Hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome,etc), Marfan's syndrome, or abnormal heart rhythm?	❑	❑
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	❑	❑
Has a physician ever denied or restricted your participation in sports for any heart problems?	❑	❑
4. Have you ever had a head injury or concussion?	❑	❑
Have you ever been knocked out, become unconscious, or lost your memory?	❑	❑
If yes, how many times? ____________ When was the last concussion? ____________________		
How severe was each one? (Explain)______________________________________		
Have you ever had a seizure?	❑	❑
Do you have frequent or severe headaches?	❑	❑
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	❑	❑
Have you ever had a stinger, burner, or pinched nerve?	❑	❑
5. Are you missing any paired organs?	❑	❑
6. Are you under a doctor's care?	❑	❑
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	❑	❑
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, warts, 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. Have you ever gotten unexpectedly short of breath with exercise?	❑	❑
Do you have asthma?	❑	❑
Do you have seasonal allergies that require medical treatment?	❑	❑
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)?	❑	❑
15. Have you ever had a sprain, strain, or swelling after injury?	❑	❑
Have you broken or fractured any bones or dislocated any joints?	❑	❑
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below	❑	❑
❑ Ankle ❑ Chest ❑ Finger ❑ Head ❑ Forearm ❑ Neck ❑ Shoulder ❑ Upper Arm ❑ Knee ❑ Back ❑ Elbow ❑ Hand ❑ Hip ❑ Foot ❑ Shin/Calf ❑ Thigh ❑ Wrist		
16. Do you want to weigh more or less than you do now?	❑	❑
Do you lose weight regularly to meet weight requirements for your sport?	❑	❑
17. Do you feel stressed out?	❑	❑
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	❑	❑
19. *Females Only: 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, physicians assistant, chiropractor, or nurse practitioner.

Student Print Name: ______________________ Parent Print Name: ______________________

Student Signature: **X**______________________ Parent Signature: **X**______________________

FOR SCHOOL USE ONLY... REVIEWED BY:______________________ DATE:____________

2016-2017