

**SPRING INDEPENDENT SCHOOL DISTRICT  
UIL ATHLETIC PARTICIPATION FORM**

**\*Please use Blue/Black ink and Print legibly\***

SPRING ISD Athletics will only accept physicals that are administered and dated no earlier than April 1<sup>st</sup> of the calendar year that fall sports begin.

School ID #: \_\_\_\_\_ Gender: ☐ Male / Female ☐ GRADE for 20/21 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12  
Student's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Student's Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ LIST CURRENT MEDICATIONS: \_\_\_\_\_  
DRUG ALLERGIES: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
CURRENT MEDICAL CONDITIONS: Asthma: YES ☐ NO ☐ / Diabetes: YES ☐ NO ☐ / Other: \_\_\_\_\_  
Sport: \_\_\_\_\_

SCHOOL attending in Fall: ☐Bailey M.S ☐Bammel M.S ☐Claughton M.S ☐Dueitt M.S ☐Twin Creeks M.S ☐Wells M.S. ☐S.W. Village M.S  
☐Dekaney H.S ☐Spring H.S ☐Westfield H.S

MALE PARENT: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

FEMALE PARENT: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

EMERGENCY CONTACT: Please list the emergency contact IN CASE a parent/guardian CANNOT be reached:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Pager/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

HEALTH INSURANCE INFORMATION: Please provide Insurance Information for your student-athlete.

Insurance Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy and/or Group Identification Numbers: \_\_\_\_\_

☐ CHECK HERE IF THIS ATHLETE IS COVERED BY EITHER MEDICAID OR CHIP.

☐ CHECK HERE IF THIS ATHLETE IS NOT COVERED UNDER ANY HEALTH INSURANCE PLAN AT THIS TIME

**\*\*\*\*\*ONLINE FORMS\*\*\*\*\***

Athletic paperwork and pre-participation forms for Spring ISD is online. It is mandatory that all 7th-12th grade prospective student-athletes fill out UIL and SISD paperwork before they will be allowed to participate in any practice or contest before, during or after school, including tryouts. The website is designed to streamline the process, and conserve valuable resources. Go to **SPRINGISD.RANKONESPORT.COM** and complete the Athletic Participation form which includes all mandatory UIL paperwork.

Please have your students ID number available when filling out the paperwork. A conformation email will be received when all paperwork is completed online.

\*\*\*\*The Physical & Medical History must still be turned into an Athletic Trainer at the athlete's high school or respective coach at middle school. This piece of paper must be signed and stamped by the physician. The physical must also be signed by parent, and student-athlete.

**\*\*\*\*\*ONLINE CREDIT CARD PAYMENT\*\*\*\*\***

Spring ISD will accept credit/debit cards online to pay for school physicals. You must go to the web page for the high school where the student will be taking their physical. On the left side in the school web store, there will be an icon for physicals. Once you choose this icon, you will then be able to choose the school your child will attend next year. You will need your child's ID number to complete the purchase. All purchases MUST be made at least 24 hours before the scheduled physical date.



# PRE-PARTICIPATION MEDICAL HISTORY – REQUIRED ANNUALLY

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

Name: \_\_\_\_\_

Sex: ☐ Male / ☐ Female Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

HT: \_\_\_\_\_ Wt: \_\_\_\_\_ Pulse: \_\_\_\_\_ Pupils: Equal Unequal

Vision: (R) 20/\_\_\_\_ (L) 20/\_\_\_\_ Corrected: Y N

BP: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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 in the left column. \* **Local district policy may require an annual physical exam.**

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS *
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart-Auscultation			
Supine			
Standing			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
<b>CLEARANCE</b>	<b>*Stationed -Based Examination Only</b>		

☐ 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.

Date of Examination:

Name of Physician:

Address:

Phone Number:

Physician Signature:

FOR SCHOOL USE ONLY: This Medical History was Reviewed by:

Printed Name:

Date:

Signature:

- 1 a Have you had a medical illness or injury since your last check up or sports physical? ☐ YES ☐ NO
- 2 a Have you been hospitalized overnight in the past year? ☐ YES ☐ NO
- b Have you ever had surgery? ☐ YES ☐ NO
- 3 a Have you ever passed out during or after exercise? ☐ YES ☐ NO
- b Have you ever had chest pain during or after exercise? ☐ YES ☐ NO
- c Do you get tired more quickly than your friends do during exercise? ☐ YES ☐ NO
- d Have you ever had racing of your heart or skipped heartbeats? ☐ YES ☐ NO
- e Have you had high blood pressure or high cholesterol? ☐ YES ☐ NO
- f Have you ever been told you have a heart murmur? ☐ YES ☐ NO
- g Has any family member or relative died of heart problems or of sudden unexpected death before age 50? ☐ YES ☐ NO
- h Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? ☐ YES ☐ NO
- i Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? ☐ YES ☐ NO
- j Has a physician ever denied or restricted your participation in sports for any heart problems? ☐ YES ☐ NO
- 4 a Have you ever had a head injury or concussion? ☐ YES ☐ NO
- b Have you ever been knocked out, become unconscious, or lost your memory? ☐ YES ☐ NO
- c If yes, how many times? ☐ YES ☐ NO
- d When was the last concussion? ☐ YES ☐ NO
- e How severe was each one? ☐ YES ☐ NO
- f Have you ever had a seizure? ☐ YES ☐ NO
- g Do you have frequent or severe headaches? ☐ YES ☐ NO
- h Have you ever had numbness or tingling in your arms, hands, legs, or feet? ☐ YES ☐ NO
- i Have you ever had a stinger, burner, or pinched nerve? ☐ YES ☐ NO
- 5 a Are you missing any paired organs? ☐ YES ☐ NO
- 6 a Are you under a doctor's care? ☐ YES ☐ NO
- 7 a Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? ☐ YES ☐ NO
- 8 a Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? ☐ YES ☐ NO
- 9 a Have you ever been dizzy during or after exercise? ☐ YES ☐ NO
- 10 a Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? ☐ YES ☐ NO
- 11 a Have you ever become ill from exercising in the heat? ☐ YES ☐ NO
- 12 a Have you had any problems with your eyes or vision? ☐ YES ☐ NO
- 13 a Have you ever gotten unexpectedly short of breath with exercise? ☐ YES ☐ NO
- b Do you have asthma? ☐ YES ☐ NO
- c Do you have seasonal allergies that require medical treatment? ☐ YES ☐ NO
- 14 a 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
- 15 a Have you ever had a sprain, strain, or swelling after injury? ☐ YES ☐ NO
- b Have you broken or fractured any bones or dislocated any joints? ☐ YES ☐ NO
- c Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? ☐ YES ☐ NO
- 16 a Do you want to weigh more or less than you do now? ☐ YES ☐ NO
- b Do you lose weight regularly to meet weight requirements for your sport? ☐ YES ☐ NO
- 17 a Do you feel stressed out? ☐ YES ☐ NO
- 18 a Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? ☐ YES ☐ NO
- 19 a When was your first menstrual period? ☐ YES ☐ NO
- b When was your most recent menstrual period? ☐ YES ☐ NO
- c How much time do you usually have from the start of one period to the start of another? ☐ YES ☐ NO
- d How many periods have you had in the last year? ☐ YES ☐ NO
- e What was the longest time between periods in the last year? ☐ YES ☐ NO

20. Do you have two testicles? \_\_\_\_\_

21. Do you have any testicular swelling or masses? \_\_\_\_\_

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 UIL.

An electrocardiogram (ECG) is not required. By checking this box, I choose to 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

X

Parent Signature

X

Student Signature

Must be completed before a student participates in any try-out or practice, before, during or after school, (both in-season and out-of-season) or games/matches.