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
1	a	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2	a	Have you been hospitalized overnight in the past year?	☐	☐
	b	Have you ever had surgery?	☐	☐
3	a	Have you ever passed out during or after exercise?	☐	☐
	b	Have you ever had chest pain during or after exercise?	☐	☐
	c	Do you get tired more quickly than your friends do during exercise?	☐	☐
	d	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	e	Have you had high blood pressure or high cholesterol?	☐	☐
	f	Have you ever been told you have a heart murmur?	☐	☐
	g	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	h	Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)?	☐	☐
	i	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	j	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4	a	Have you ever had a head injury or concussion?	☐	☐
	b	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	c	If yes, how many times?	☐	☐
	d	When was the last concussion?	☐	☐
	e	How severe was each one?	☐	☐
	f	Have you ever had a seizure?	☐	☐
	g	Do you have frequent or severe headaches?	☐	☐
	h	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	i	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5	a	Are you missing any paired organs?	☐	☐
6	a	Are you under a doctor's care?	☐	☐
7	a	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8	a	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9	a	Have you ever been dizzy during or after exercise?	☐	☐
10	a	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11	a	Have you ever become ill from exercising in the heat?	☐	☐
12	a	Have you had any problems with your eyes or vision?	☐	☐
13	a	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	b	Do you have asthma?	☐	☐
	c	Do you have seasonal allergies that require medical treatment?	☐	☐
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)?	☐	☐
15	a	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	b	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	c	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
16	a	Do you want to weigh more or less than you do now?	☐	☐
	b	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
17	a	Do you feel stressed out?	☐	☐
18	a	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐
19	a	When was your first menstrual period?		
	b	When was your most recent menstrual period?		
	c	How much time do you usually have from the start of one period to the start of another?		
	d	How many periods have you had in the last year?		
	e	What was the longest time between periods in the last year?		

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.

X_____ Parent Signature

X_____ Student Signature

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			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
CLEARENCE	***Stationed -Based Examination Only**		

☐ 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:

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.