

STUDENT NAME (LAST, FIRST)
PREPARTICIPATION PHYSICAL EVALUATION-MEDICAL HISTORY

School: _____ GRADE (2023-24): _____
 ID#: _____

Please answer each question by circling "YES" or "NO". If you do not know the answer circle the question.

1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
 2. Have you been hospitalized overnight in the past year? YES NO
Have you ever had surgery? YES NO
 3. Have you ever had prior testing for the heart ordered by a physician? YES NO
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, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), 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? 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? _____ When was the last concussion? _____
How severe was each one? (Explain below)
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? YES NO
 5. Are you missing any paired organs? YES NO
 6. Are you under a doctor's care? YES NO
 7. Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler YES NO
 8. Do you have any allergies (to pollen, medicine, food, or stinging insects)? YES NO
 9. Have you ever been dizzy during or after exercise YES NO
 10. Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters)? YES NO
 11. Have you ever become ill from exercising in the heat? YES NO
 12. Have you had any problems with your eyes or vision? 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? 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)? 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? YES NO
- If yes, check appropriate box and explain below.
 ___ Head ___ Elbow ___ Hip ___ Neck ___ Forearm ___ Thigh ___ Back
 ___ Wrist ___ Knee ___ Chest ___ Hand ___ Shin/Calf ___ Shoulder
 ___ Finger ___ Ankle ___ Upper Arm ___ Foot
16. Do you feel stressed out? YES NO
 17. Have you ever been diagnosed with or treated for sickle cell trait or Sickle cell disease? YES NO
- Females Only**
18. 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? _____
- Males Only**
19. Do you have two testicles? _____
 20. Do you have any testicular swelling or masses? _____
- *Explain "Yes" answers here: A "yes" on questions 1, 2, 3, 4, 5, or 6 requires a 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)**

PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

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 students Medical History Form. **GISD requires annual completion of this form.**

Height _____ Weight _____ %Body Fat _____ Pulse _____ BP _____ / _____
 (____ / ____, ____ / ____)-brachial blood pressure while sitting

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
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-Low er extremity pulse			
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			

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal OR Unequal

CLEARANCE {Please check one}

Cleared (No restrictions)

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____
Reason: _____

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.

Physician Name (print/type): _____

Address: _____

Phone Number: _____

Physician Signature: _____

Date: _____

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

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

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, authorize, and 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 harmless the 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 illness or injury.

Student Signature: _____
Parent Signature: _____

FOR SCHOOL USE ONLY:

This medical history form was reviewed by:

Printed Name: _____

Signature: _____ **Date:** _____

Student Name: _____ 23-24 School: _____ 23-23 Grade: _____

When: TUESDAY, MAY 10, 2022 beginning at 3:00 PM. The registration deadline is **May 8, 2023**.
Students who do not register can still attend physicals.

Where: East View High School's main gym, located at 4490 E University. Students will enter at the main entrance to the gym. Parents will wait for students in their vehicle or in the Parent waiting area in the gym foyer. Staff will be available to help if a student needs assistance.

Time: Physical Schedule
2:30 PM HS Girls and athletes with 8th period as an off period begin the Check-In process
3:00 PM All other HS athletics begin the check-in process, after school as well
5:00 PM Middle School students arrive and begin Check-In (Bus available from MS – HS)
5:30 PM - 6:00 PM Any students wishing to receive a physical

Cost: \$20 per student with a family cap of \$35. Family cap extends to immediate family only (brothers/sisters)

Sign-Up and Payment:

On-Campus Sign-up:

To register, take completed and signed medical history and payment to the following locations, and your name will be added to the registration list:

Middle Schools: Take \$20 or \$35 (family cap) cash. to your Coach by **May 8, 2023**.

EVHS: Take \$20 or \$35 (family cap) cash to the Athletic Training Room by **May 8, 2023**.

NO Checks

Online Sign-up

You may sign up and pay online before May 8, 2022.



<https://gisd.payments.school/51023-2023-2024-school-year-evhs-tippit-and-wagner-extracurricular-physical-registration#>

Walk-Ins:

Bring your completed, Medical History, signed by a parent and \$20 or \$35 (family cap) **CASH ONLY**

Refunds:

There will be NO REFUNDS

ALL ATHELETES MUST COMPLETE RANK ONE ONLINE FORMS!!!

Electronic Form Information: All online forms can be found at georgetownisd.rankonesport.com

All forms will be available to complete on May 1, 2023

1. UIL Medical History Form

This form must be completed online.

2. Catastrophic Insurance Fee (\$8 – All Sports)

This is a separate fee and will be paid online under the Catastrophic Insurance tab.

3. GISD Online Physical Athletic Paperwork

Contains all of the UIL and GISD waivers and forms. All must be completed online.

Please contact the EVHS Athletic Trainers should you have any questions or concerns.

Melissa Harrington - 512-943-1800 x 8122

Malia Garza - 512-943-1800 x8109

evhstrainers@georgetownisd.org