University Interscholastic League

Parent and Student Agreement/Acknowledgement Form
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.uiltexas.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.

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.uiltexas.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.

*Name of Student*_____ *ID#*_____

Revised June 2013

CONCUSSION ACKNOWLEDGEMENT FORM

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.
- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:
A student removed from an interscholastic athletics practice or competition (inclucing per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:
(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student 's parent or guardian or another person with legal authority to make medical decisions for the student;
(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
(3) the treating physician has provided a written statement indicating that, in the physician 's professional judgment, it is safe for the student to return to play; and
(4) the student and the student 's parent or guardian or another person with legal authority to make medical decisions for the student:
(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
(B) have provided the treating physician 's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
(C) have signed a consent form indicating that the person signing:
(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician 's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
(iv) understands the immunity provisions under Section 38.159.

I hereby certify that I have read and understood the Concussion Acknowledgement Form, Steroid Agreement/Acknowledgement Form, and the Sudden Cardiac Arrest Awareness Form.

Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
Student Name (printed)	**Student Signature**	**Date**

SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:
American Heart Association: www.heart.org

Lead Author: Arnold Fenrich, MD and Benjamin Levine, MD

Additional Reviewers: UIL Medical Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Inherited (passed on from family) **conditions present at birth of the heart muscle:**

Hypertrophic Cardiomyopathy – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

Arrhythmogenic Right Ventricular Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions present at birth of the electrical system:

Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

NonInherited (not passed on from the family, but still present at birth) **conditions:**

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find most, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.
- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1 /2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

ATHLETIC INJURY INSURANCE GUIDE LINES

ATHLETIC INJURIES POTENTIALLY COVERED BY THE SAISD ATHLETIC INSURANCE:

1. Injuries that are initially seen and sent by a SAISD Athletic Trainer.
2. Injuries that occur in-season.
3. Injuries that occur in supervised off-season.
4. Injuries that are classified as a "medical emergency" (injuries that are life or limb threatening) should a trainer not be available at the time of injury
5. Certain injuries/conditions may be paid at a reduced benefit.

ATHLETIC INJURIES NOT COVERED BY THE SAISD ATHLETIC INSURANCE:

1. Injury resulting from fights or horseplay.
2. An injury that occurs during an athlete's "own time" on or off school premises. "Own time" refers to participation in activities and "leagues" (including self-improvement activities) that are not: (1) part of a regular practice session or game, and (2) directed and supervised by a coach employed with the SAISD.
3. Injuries that may occur to an athlete on school premises, not associated with the actual sport, (i.e. falling down the stairs, laceration from falling on broken glass, fights, slipping or falling down in the shower or locker room.).
4. A claim form must be filed prior to graduation or discontinuing sports participation for payment to be considered by the insurance company.
5. Pre-existing or congenital conditions/injuries.
6. Infection or diseases of any type (examples, but not limited to: MRSA, boils, warts, colds, flu, hepatitis, staph, fungus etc.)

IMPORTANT INSURANCE TIPS

Regardless of whether your child has insurance or not:

- Treatment by a licensed doctor must occur within 90 days from the date of the injury.
- Filing of a fully completed and signed claim form by the district and parent/guardian must occur within 90 days from the date of the injury (Parent/guardian should submit form to claims administrator).
- Filing of all bills for provider services must occur within 90 days from the date of service. It is the parent/guardian's responsibility to follow-up with each provider to make certain bills are submitted on time.

PARENT OR GUARDIAN'S PERMIT

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

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 SAISD or its representitive assumes any responsibility in case an accident occurs.

The UIL Parent Information Manual is located at www.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf.

I have read the UIL Parent Information Manual regarding health and safety issues including concussions, Cardiac Awareness and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

It is also understood that your son/daughter's participation in any San Antonio I.S.D. practice, game, or event may result in a catastrophic or fatal injury.

I hereby agree to be responsible for the safe return of all athletic equipment issued by the school to the above-named student.

If, between this date and the beginning of athletic competition, 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.

ALL SHADED AREAS MUST BE COMPLETED

2018-2019

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

Participation Form / Physical Form

_____ _____ _____ __M __F _____ _____

Printed Student's Name | Student ID# | Grade | Date of Birth | Age

_____ _____ _____ _____

Home Phone No. | Cell Phone No. (Parent) | Cell Phone No. (Student) | Work Phone No. (Parent)

Contact Email _____

Sport(s): ❑ Volleyball ❑ Football ❑ Basketball ❑ Softball ❑ Baseball ❑ Soccer
❑ Tennis ❑ Track & Field ❑ Golf ❑ Cross Country ❑ Water Polo ❑ Swimming

Personal Physician_____ Phone_____

In case of emergency, contact: Name_____ Cell Phone_____

Relationship_____Phone (H)_____(W)_____

Medical Insurance Information

Please check or provide the name of the insurance company, which provides medical coverage on your son/daughter.

❑	Medicaid (Chips, Community First, Superior)				
❑	Humana (HMO/PPO)	❑	Aetna(HMO/PPO)	❑	Blue Cross Blue Shield(HMO/PPO)
❑	United Health Care (HMO/PPO)				
❑	Others:				
❑	No personal Insurance				

SAISD ATHLETICS INSURANCE STATEMENT

SAISD provides an athletic injury insurance policy for those students participating in UIL athletics. If your son/daughter requires medical attention as a result of a school related athletic injury, you should contact one of the the SAISD Athletic Trainers. The athletic trainer will need to evaluate the injury in order to gather information prior to completing the athletic insurance claim form. SAISD will not assume financial responsibility for any medical bills regarding a school athletic injury. If the parent/guardian has insurance on their student, the athletic insurance is the secondary insurance. If the parent/guardian does not have insurance on their student, the athletic insurance will become the primary insurance. The athletic insurance does have limits, therefore, filing an athletic insurance claim does not guarantee full payment of medical bills. Any remaining balance will be the sole responsibility of the parent/guardian. Non-school related injuries are not covered by the SAISD athletic insurance.

PARENT OR GUARDIAN PLEASE READ AND SIGN BELOW

I hereby certify that I fully have completed the insurance information requested above, and also read and filled out the athletic medical history. In addition, I certify that I understand the Athletic Injury Guidelines, doctor referral procedure, personal and athletic insurance application, parent and guardian's permit, and acknowledgement of rules. Your signature also gives authorization that is necessary for the school district, its' trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student. If in the judgement of any representative of the school, the above 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, U.I.L., and any school representative from any claim by any person whomever on account of such care and treatment of said student.

By signature below, I hereby state that, to be the best of my knowledge, my answers to the Medical History questions are complete and correct. I also state that I understand the policies and procedures for the SAISD Athletic Insurance as described in the above statement. Fraud in either area may result in penalties.

SIGNATURE OF PARENT OR GUARDIAN_____

SIGNATURE OF STUDENT ATHLETE_____

PRINTED NAME OF PARENT OR GUARDIAN_____ DATE _____

ADDRESS_____ ZIP _____

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

Revised February 2018

ANY YES ANSWER TO QUESTIONS 1, 2, 3, 4, 5, OR 6 REQUIRES FURTHER MEDICAL EVALUATION WHICH MAY INCLUDE AN ADDITIONAL PHYSICAL EXAMINATION OR WRITTEN CLEARANCE TO BE SIGNED BY DOCTOR IN BOX LOCATED AT THE BOTTOM OF THE PAGE.

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

Written clearance from 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?	❑	❑
2.a.	Have you been hospitalized overnight in the past year?	❑	❑
b.	Have you ever had surgery?	❑	❑
3.a.	Have you ever had prior testing for the heart ordered by a physician?	❑	❑
b.	Have you ever passed out during or after exercise?	❑	❑
c.	Have you ever had chest pain during or after exercise?	❑	❑
d.	Do you get tired more quickly than your friends do during exercise?	❑	❑
e.	Have you ever had racing of your heart or skipped heartbeats?	❑	❑
f.	Have you had high blood pressure or high cholesterol?	❑	❑
g.	Have you ever been told you have a heart murmur?	❑	❑
h.	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	❑	❑
i.	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?	❑	❑
j.	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	❑	❑
k.	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?	❑	❑
	If yes, how many times?_____ When was the last concussion? _____		
	How severe was each one? (Explain below)		
c.	Have you ever had a seizure?	❑	❑
d.	Do you have frequent or severe headaches?	❑	❑
e.	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	❑	❑
f.	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?	❑	❑

		Yes	No
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.		

❑ Head	❑ Elbow	❑ Hip
❑ Neck	❑ Forearm	❑ Thigh
❑ Back	❑ Wrist	❑ Knee
❑ Chest	❑ Hand	❑ Shin/Calf
❑ Shoulder	❑ Finger	❑ Ankle
❑ Upper Arm	❑ Foot	

16.	Do you want to weigh more or less than you do now?	❑	❑
17.	Do you feel stressed out?	❑	❑
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	❑	❑

Females Only

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.

*****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW*** (attach another sheet if necessary)**:**

_____
_____
_____

ALL SHADED AREAS MUST BE COMPLETED

This Box For Physician Clearance

The reason(s) of the doctor's visit: **Q#1,** **Q#2**.a, 2.b, **Q#3**.a, 3.b, 3.c, 3.d, 3.e, 3.f, 3.g, 3.h, 3.i, 3.j, 3.k, **Q#4**.a, 4.b, 4.c, 4.d, 4.e, 4.f, **Q#5,** **Q#6** (circle ALL that apply)

Name of the provider: _____(print)

Provider(s) Address: _____ Phone: _____

Finding: _____

_____

- ☐ To play with no restrictions
- ☐ To play with the following restriction: _____
- ☐ No play until: _____
- ☐ Release on File (Trainer Only)

Provider Signature: _____ Date: _____

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: Printed Name_____ Date_____ Signature_____

PHYSICAL EXAMINATION

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 previous page. **** Local district policy may require an annual physical exam.***

	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.