EANES ISD PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY FORM

o determine if the student has developed any condition wh	ich would m	ake it haza	rdo	us to participate in an	event					
		idico it maze	iruo			-	DOF			
Student's Name: (print)				Sex:	Age:		DOB:			
Address:						_	Phone:	VD.		
Grade: School:						_	Student	ID:		
Personal Physician:							Phone:			
n case of emergency, contact:	Dalation	hin		Dhama. /II	`			(W)		
Name:	Relations	<u> </u>	nc:-	Phone: (H)			I(w)		
Explain "Yes" answers in the box below**. Circle question	s you don't l	know the a	IISW	C18 10.					Yes	No
Have you had a medical illness or injury since your last check up	168	110	112	Have you ever gotten un	nevnectedly short	of bro	eath with		168	110
r physical?			113	exercise?	neaperious short	. 01 010	au willi			
Have you been hospitalized overnight in the past year?			1	Do you have asthma?						Π
Have you ever had surgery?			1	Do you have seasonal a	llergies that requi	re med	dical treat	ment?		
Have you ever had prior testing for the heart ordered by a			14	Do you use any special						
hysician?		-		devices that aren't usual	•					
Have you ever passed out during or after exercise?				(for example, knee brac		-	-			
Have you ever had chest pain during or after exercise?				retainer on your teeth, h	earing aid)?					
Oo you get tired more quickly than your friends do during			15	Have you ever had a spr	rain, strain, or sw	elling	after injur	y?		
xercise?				Have you broken or frac	ctured any bones	or disl	ocated an	у		
Have you ever had racing of your heart or skipped heartbeats?				joints?						
Have you had high blood pressure or high cholesterol?				Have you had any other		ain or	swelling i	n		
Have you every been told you have a heart murmur?				muscles, tendons, bones	-					
Has any family member or relative died of heart problems or of				If yes, circle the approp	riate body parts a	nd exp	olain belov	w:		
udden unexpected death before age 50?			1							
Has any family member been diagnosed with enlarged heart,			J	Head	Elbov			Hip		
dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT				Neck	Forea			Thigh		
yndrome or other ion channelpathy (Brugada syndrome, etc),				Back	Wrist			Knee		
Marfan's syndrome, or abnormal heart rhythm?		1	1	Chest	Hand			Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or			ı	Shoulder	Finge	r		Ankle		
nononucleosis) within the last month?		1	1	Upper Arm	Foot					
Has a physician ever denied or restricted your participation in			1/	Do you want to wai-14	mara ar lass th	vor 4	o norra		ĺ	Т .
ctivities for any heart problems? Have you ever had a head injury or concussion?			1	Do you want to weight: Do you feel stressed out		you do	o now?			
Have you ever had a head injury or concussion? Have you ever been knocked out, become unconcsious, or lost	-		1	=		eated f	or sickle	cell trait		
			110	=	51103CG WIGH OF HE	caicu I	or siekie (con nait		
-			FF.							
-					enstrual period?					
			.,	•		eriod?		_		
Have you ever had a seizure?			1		-			e period to th	e start of	
Do you have frequent or severe headaches?			1	another?				-		
Have you ever had numbness or tingling in your arms, hands,				How many periods have	e you had in the la	ast yea	ır?			
egs or feet?					-	-		ar?		
Have you ever had a stinger, burner, or pinched nerve?			M/	-	-		-		_	
are you missing any paired organs?			4		es?					
Are you under a doctor's care?			21							
are you currently taking any prescription or non-prescription				An electrocardiog	gram (ECG) is no	t requi	red. By cl	necking this b	ox, I choose	e to
over-the-counter) medication or pills or using an inhaler?			,	1						
Do you have any allergies (for example, to pollen, medicine,							_	derstand it is	the responsi	ibility
ood, or stinging insects)?			1							
Have you ever been dizzy during or after exercise?				EXPLAIN 'YES' ANSV	VERS IN THE B	OX BE	ELOW (at	tach another	sheet if nece	essary)
Oo you have any current skin problems (for example, itching,			I							
		1	1							
		-								
			Ĭ							
	never needed, tl	ne possibility o	of an	accident still remains. Neithe	er the University Inte	erschola	astic League	e nor the school	assumes	
	ld need immedia	ate care and tre	eatme	ent as a result of any injury of	r sickness. I do herel	by ream	est, authori	ze, and consent	to such	
		.r-20011tu		,g to machini	, I marines	50		, 01 1101		
		may limit this	stude	nt's participation, I agree to i	notify the school aut	horities	of such illi	ness or injury.		
									ruthful ro	snonce
•		-	out	ns are COMI LETE	and CORRE	C 1 . F	anuit l	o proviuc t		sponse
			tu					Dotor		
any Ves answer to questions 1 2 3 4 5 or 6 requires further n	1. 1 1	- 421-2 - 1-		!	mination Writt	en cles	arance fr	am a nhveisi	an nhysici	an
			-							
ssistant, chiropractor, or nurse practitioner is required before	any particip	ation in UIL	pra	actices, games, or matcl	nes. THIS FORM	4 MUS	ST BE O			
	any particip	ation in UIL	pra	actices, games, or matcl	nes. THIS FORM	4 MUS	ST BE O			
TO T	yes, how many times?	were memory? yes, how many times? then was your last concussion? ow severe was each one? (Explain below) ave you ever had a seizure? o you have frequent or severe headaches? ave you ever had numbness or tingling in your arms, hands, gs or feet? ave you ever had a stinger, burner, or pinched nerve? re you missing any paired organs? re you under a doctor's care? re you currently taking any prescription or non-prescription ver-the-counter) medication or pills or using an inhaler? o you have any allergies (for example, to pollen, medicine, od, or stinging insects)? ave you ever been dizzy during or after exercise? o you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? ave you ever become ill from exercising in the heat? ave you have any problems with your equipment is worn by athletes, whenever needed, the versionsibility in case an accident occurs. in the judgement of any representative of the school, the above student should need immediate and treatment as may be given said student by any physician, athletic trainer, nurse, or schoresentative from any claim by any person of such care and treatment of said student. between this date and the beginning of participation, any illness or injury should occur that thereby state that, to the best of my knowledge, my answers to the build subject the student in question to penalties determined by the udent Signature: Parent/Gue	we memory? yes, how many times? hen was your last concussion? ow severe was each one? (Explain below) ave you ever had a seizure? o you have frequent or severe headaches? ave you ever had numbness or tingling in your arms, hands, gs or feet? ave you ever had a stinger, burner, or pinched nerve? re you missing any paired organs? re you under a doctor's care? re you under a doctor's care? re you under a doctor's care? re you under a medication or pills or using an inhaler? o you have any allergies (for example, to pollen, medicine, od, or stinging insects)? ave you ever been dizzy during or after exercise? o you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? ave you ever become ill from exercising in the heat? ave you ever become ill from exercising in the heat? ave you had any problems with your eyes or vision? is understoof that even though protective equipment is worn by athletes, whenever needed, the possibility or resonsibility in case an accident occurs. in the judgement of any representative of the school, the above student should need immediate care and tree and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative from any claim by any person of such care and treatment of said student. between this date and the beginning of participation, any illness or injury should occur that may limit this thereby state that, to the best of my knowledge, my answers to the above que build subject the student in question to penalties determined by the UIL Parent/Guardian Signa	pur memory? yes, how many times?	or sickle cell disease? FEMALES ONLY 19 When was your first me when was your last concussion? 19 When was your most re when was your expressed and a seizure? 19 When was your most re how many time do you another? When was your most re how many time do you another? What was the longest time was you ever had a stinger, burner, or pinched nerve? The you under a doctor's care? The you under a doctor's care? The you under a doctor's care? The you have any allergies (for example, to pollen, medicine, od, or stinging insects)? The you ever been dizzy during or after exercise? The you over been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The you were been dizzy during or after exercise? The young was any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems with your eyes or vision? The young was any current skin problems was an exide	or sickle cell disease? FEMALES ONLY 19 When was your first menstrual period? when was your ever had a seizure? or you have frequent or severe headaches? ave you ever had numbness or tingling in your arms, hands, gos or feet? when was your most recent menstrual period? How much time do you usually have from another? How many periods have you had in the lags or feet? when was your most recent menstrual period? How much time do you usually have from another? How many periods have you had in the lags or feet? What was the longest time between period and the was you cover had a stinger, burner, or pinched nerve? The you under a doctor's care? What was the longest time between period was you ever had a stinger, burner, or pinched nerve? The you currently taking any prescription or non-prescription over-the-counter) medication or pills or using an inhaler? To you have any allergies (for example, to pollen, medicine, od, or stinging insects)? The you current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? The you had any problems (for example, itching, shes, acne, warts, fungus, or blisters)? The you had any problems with your eyes or vision? The you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? The you had any problems with your eyes or vision? The young of the even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Into a versonsibility in case an accident occurs. The pull dement 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 here are and treatment of any injury or sickness, I do here are and treatment of any injury or sickness, I do here are 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 harmles presentative from any claim by any person o	or sickle cell disease? FEMALES ONLY hen was your last concussion? we severe was each one? (Explain below) we were was each one? (Explain below) when was your most recent menstrual period? When was your work now is menstrual period? MalEs ONLY To you have any periods have you had in the last yea what was the longest time between periods in the last yea what was the longest time between periods in the last yea was pour ever dead to determen periods in the last yea was you had any alter exercise? Do you have any testicular swelling or masses? Do you have any testicular swel	rur memory? yes, how many times? yes, how many times? yes, how many times? hen was your last concussion? you severe was each one? (Explain below) we severe was each one? (Explain below) we you ever had a seizure? you have frequent or severe headaches? we you ever had numbness or tingling in your arms, hands, yes or feet? What was the longest time between periods in the last year? What was the longest time between periods in the last year you ever had a stinger, burner, or pinched nerve? What was the longest time between periods in the last year you ever had a stinger, burner, or pinched nerve? What was the longest time between periods in the last year you ever had a stinger, burner, or pinched nerve? What was the longest time between periods in the last year you ever had a stinger, burner, or pinched nerve? What was the longest time between periods in the last year you currently taking any prescription or non-prescription wer-the-counter) medication or pills or using an inhaler? you have any allergies (for example, to pollen, medicine, of or, or stinging insects)? An electrocardiogram (ECG) is not required. By clothain an ECG for my student for additional cardiac screening. I une of my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (at you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? ave you ever become ill from exercising in the heat? ave you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? ave you have any current skin problems with your eyes or vision? ave you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? ave you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? ave you have any current skin problems with your eyes or vision? ave you ever become ill from exercising in the heat? ave you have any current skin problems (for example, itching, shes, acne, warts, fungus, or blisters)? a	or sickle cell disease? FEMALES ONLY When was your most recent menstrual period? How much time do you usually have from the start of one period to the another? In you have frequent or severe headaches? What was the longest time between periods in the last year? Do you have any testicular swelling or masses? Expounting in accts? Do you have any testicular swelling or masses? Explain in ECG for my student for additional cardiac screening. I have understand the information about cardiac screening. I have understand the information about cardiac screening. I was the year year year year year year year yea	rur memory? yes, how many times? yes, how many times yes, how many time do you usually have from the start of one period to the start of another? How much time do you usually have from the start of one period to the start of another? 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? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year? All ES ONLY An electrocardiogram (ECG) is not required. By checking this box, I choo 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 respons of my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if nee yo you have any current skin problems (for example, itching, where you had any problems with your eyes or vision? In the judgement of pay representative of the school, the above student should need immediate care and treatment as a r

EANES ISD PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION _____ Sex ____ Age ____ Date of Birth__ Student's Name Height _____ Weight____ % Body fat (optional) _____ Pulse ____ BP__/__ (___/__, ___ brachial blood pressure while sitting Vision: R 20/____ L 20/___ Corrected: □ Y □ N Pupils: □ Equal □ Unequal EANES ISD POLICY REQUIRES EACH ATHLETE HAVE AN ANNUAL PHYSICAL DATED AFTER MAY 1, 2023 ABNORMAL FINDINGS NORMAL **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:

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