PRE-PARTICIPATION MEDICAL HISTORY/PHYSICAL EXAM REVISED 12-4-14

HHS HMS
WMS NOMS
Other:_____

Name:_____ M ___F ___ Date of Birth _____ 17/18 Grade_____

STUDENT-PARENT/GUARDIAN SECTION

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 Have you had a medical illness or injury since your last check up or sports physical?	□	□
2 Have you been hospitalized overnight in the past year?	□	□
Have you ever had surgery?	□	□
3 Have you ever had prior testing for the heart ordered by a physician?	□	□
Have you ever passed out during or after exercise?	□	□
Have you ever had chest pain during or after exercise?	□	□
Do you get tired more quickly than your friends do during exercise?	□	□
Have you ever had racing of your heart or skipped heartbeats?	□	□
Have you ever had high blood pressure or high cholesterol?	□	□
Have you ever been told you have a heart murmur?	□	□
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	□	□
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?	□	□
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	□	□
Has a physician ever denied or restricted your participation in sports for any heart problems?	□	□
4 Have you ever had a head injury or concussion?	□	□
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)	□	□
Have you ever had a seizure?	□	□
Do you have frequent or severe headaches?	□	□
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	□	□
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 become ill for exercising in the heat?	□	□
12 Have you had any problems with your eyes or vision?	□	□
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, circle appropriate body part 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/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 start of one period to the start of another? _____

How many periods have you had in the last year? _____

What is 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, physicians assistant, chiropractor, or nurse practitioner.

Explain "yes" answers here (attach another sheet if necessary):_____

_____

_____

_____

_____

MEDICAL EXAMINER SECTION

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. *Birdville ISD policy requires an annual physical exam.

Height: _____ Weight: _____ Pulse: _____

BP: _____ / _____ (_____ / _____ : _____ /_____)

Vision: R –20/ _____ L–20/ _____ Corrected: Y / N

Pupils: Equal / Unequal %Body Fat (optional): _____

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-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigma (arachondactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			

*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:_____ Phone Number: _____

Address:_____

Signature:_____

<u>This form must be on file prior to participation in ANY practice, before, during OR after school, (both in-season AND out-of-season) or games/matches.</u>

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 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.

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

Student Signature: _____ Date: _____

Parent/Guardian Signature:_____

For School Use Only: This Medical History Form was reviewed by:

Printed Name _____ Date_____

Signature_____

↑ Parent Sign HERE! ↑

To The Parents of Haltom High, Haltom Middle, North Oaks Middle, and Watauga Middle athletes:
According to BISD policy all athletes and other related activities are required to have a yearly pre-participation physical examination.

Spring Physicals will be on April 25 at Haltom High

1. Estimated times:

Haltom High: 5pm-8pm
Watauga Middle: 5pm-6pm, **North Oaks Middle:** 6pm-7pm, **Haltom Middle:** 7pm-8pm
These are ESTIMATED TIMES, we will try out best to stay on time, but note that these are not definite

2. How much does it cost?

- **Paying *before* April 24**
  - $10 for a physical
  - MUST have:
    - Completed **Medical History Form** with **parent and student** signatures on the form
    - Completed the **Acknowledge of Immunity Form**
    - Filled out the **Rank One Online Paperwork**
- **Paying *on the day of* April 25**
  - $15 for a physical (cash or check made out to HHS)
  - Show up with all paperwork **completed**

No athlete will be turned away because of a lack of funds and **no refunds** will be given; if there is a financial problem please contact either one of the Athletic Trainers listed below **before the day of the physicals**:

Tom McLean, MS, LAT, ATC, CSCS – 817-547-6087
Lucy McLean, MS, LAT, ATC, CSCS – 817-547-6113

PLEASE NOTE

All forms this year will be completed online and electronically signed EXCEPT the Medical History and the Physical Form. These forms must be completed properly by the end of this school year so as not to delay your son/daughters participation in athletic activities next year.
The UIL requires that the pre-participation physical exam to be done only on the approved form; therefore, no other form will be accepted. If the exam is done on the wrong form it will be returned, which would further delay your son/daughters participation. Please make sure you have the correct form by contacting one of the Athletic Trainers listed above or by downloading the correct forms from the Birdville ISD Athletic Web Site.

ACKNOWLEDGEMENT OF IMMUNITY OF VOLUNTEER HEALTH CARE PROVIDERS

As you are aware, many of the physicians and health care providers that assist with the care of Birdville ISD athletes volunteer their time to provide physical examinations and medical screening.

Texas state law provides that:

A health care practitioner who, without compensation or expectation of compensation, conducts a physical examination or medical screening of a patient for the purpose of certifying the patient's eligibility to participate in a school sponsored extracurricular or sporting activity is immune from civil liability for any act or omission resulting in the death or injury to the patient if:

(1) the health care practitioner was acting in good faith and in the course and scope of the health care practitioner's duties;
(2) the health care practitioner commits the act or omission in the course of conducting the physical examination or medical screening of the patient;
(3) the services provided to the patient are within the scope of the license of the health care practitioner; and
(4) before the health care practitioner conducts the physical examination or medical screening, you, as the patient's parent, managing conservator, legal guardian, or other person with legal responsibility for the care of the patient signs this written statement acknowledging that you know that many of the practitioners providing physical examinations and pre-participation screening for our athletic programs are volunteers, and that your ability to recover damages from these volunteers in connection with such screening and examinations is limited.

If the health care providers are paid for these services by the patient or the patient's responsible party, then these limitations on liability do not apply. Please sign below to acknowledge that you received this notice.

_____ _____

Parent/Guardian Signature Date

_____

Print Name