PRE-PARTICIPATION MEDICAL HIST	TORY/PHYSICAL EXAM REVISED 12-4-14
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Name:

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___ M ____F ____ Date of Birth ______ Grade__

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HHS	HMS
MS	NOMS
Other:	

STUDENT-PARENT/GUARDIAN SECTION			MEDICAL EXAMINER SECTION
This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order the			As a minimum requirement this PHYSICAL EXAMINATION FORM must be completed prior to junior
student to participate in athletic activities. These questions are designed to determine if the student has any condition which would make it hazardous to participate in an athletic event.	develop	bed	high athletic participation and again prior to first and third years of high school athletic
Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. Any Yes an			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.
questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examinatic clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before a		tten	
participation in UIL practices, games or matches		No	Height: Weight: Pulse:
1 Have you had a medical illness or injury since your last check up or sports physical?			BP: / (/ : /)
2 Have you been hospitalized overnight in the past year?			BP:(/:/)
Have you ever had surgery? 3 Have you ever had prior testing for the heart ordered by a physician?			Vision: R –20/ L–20/ Corrected: Y / N
Have you ever passed out during or after exercise?			
Have you ever had chest pain during or after exercise?			Pupils: Equal / Unequal %Body Fat (optional):
Do you get tired more quickly than your friends do during exercise?			MEDICAL Normal Abnormal Findings Initials*
Have you ever had racing of your heart or skipped heartbeats?			Appearance
Have you ever had high blood pressure or high cholesterol?			Eyes/Ears/Nose/Throat
Have you ever been told you have a heart murmur?			Lymph Nodes Heart-Auscultation of the heart in the supine
Has any family member or relative died of heart problems or of sudden			position
unexpected death before age 50?	_	_	Heart-Auscultation of the heart in the standing position
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy),			Heart-Lower extremity pulses
hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?			Pulses
Have you had a severe viral infection (for example, myocarditis or mononucleosis)			Abdomen
within the last month?		_	Genitalia (males only)
Has a physician ever denied or restricted your participation in sports for any heart			Skin Marfae's Stigma (arachandactulu, postus
problems?			Marfan's Stigma (arachondactyly, pectus excavatum, joint hypermobility, scoliosis)
4 Have you ever had a head injury or concussion?			
Have you ever been knocked out, become unconscious, or lost your memory?			MUSCULOSKELETAL Normal Abnormal Findings Initials*
If yes, how many times When was the last concussion			Back
How severe was each one? (Explain below)			Shoulder/Arm
Have you ever had a seizure?			Elbow/Forearm
Do you have frequent or severe headaches?			Wrist/Hand Hip/Thigh
Have you ever had numbness or tingling in your arms, hands, legs, or feet?			Knee
Have you ever had a stinger, burner, or pinched nerve?			Leg/Ankle *station based examination only
5 Are you missing any paired organs?			CLEARANCE *station based examination only
6 Are you under a doctor's care?7 Are you currently taking any prescription or non-prescription (over-the-counter)			Cleared after completing evaluation/rehabilitation for:
medication or pills or using an inhaler?	Ц	Ц	
8 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			□ Not cleared for: Reason:
9 Have you ever been dizzy during or after exercise?			Recommendations:
10 Do you have any current skin problems (for example, itching, rashes, acne, warts,			
fungus, or blisters)?			The following information must be filled in and signed by either a Physician, a Physician Assistant
11 Have you become ill for exercising in the heat?			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.
12 Have you had any problems with your eyes or vision?			Examination forms signed by any other health care practitioner, will not be accepted.
13 Have you ever gotten unexpectedly short of breath with exercise?			
Do you have asthma?			Name (print/type)
Do you have seasonal allergies that require medical treatment?			Date of Examination: Phone Number:
14 Do you use any special protective or corrective equipment or devices that			Address:
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?	_		Signature:
Have you broken or fractured any bones or dislocated any joints?			This form must be on file prior to participation in ANY practice, before, during OR
Have you had any other problems with pain or swelling in muscles, tendons, bones, or			after school, (both in-season AND out-of-season) or games/matches.
joints? If yes, circle appropriate body part and explain below.			It is understood that even though protective equipment is worn by the athlete, whenever needed,
Head Elbow Hip Neck Forearm Thigh Back Wrist Knee			the possibility of an accident still remains. Neither the University Interscholastic League nor the
Chest Hand Shin/Calf Shoulder Finger Ankle Upper Arm Foot			school assumes any responsibility in case an accident occurs.
16 Do you want to weigh more or less than you do now?			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
17 Do you feel stressed out?			to such care and treatment as may be given said student by any physician, athletic trainer, nurse or
18 Have you ever been diagnosed with/treated for sickle cell trait or sickle cell disease?			school representative. I do hereby agree to indemnify and save harmless the school and any school
<u>Females only</u>			or hospital representative from any claim by any person on account of such care and treatment of
19 When was your first menstrual period?			said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that
When was your most recent menstrual period? How much time do you usually have from start of one period to the start of another?			may limit this student's participation, I agree to notify the school authorities of such illness or injury.
How many periods have you had in the last year?			I hereby state that, to the best of my knowledge, my answers to the above questions are complete
What is the longest time between periods in the last year?			and correct. Failure to provide truthful responses could subject the student in question to penalties
An individual accuration in the offirmative to any question relation to a neerible conditionant by the bit	uolawa-	tion	determined by the UIL Student Signature: Date:
An individual answering in the affirmative to any question relating to a possible cardiovascular health issu three above), as identified on the form, should be restricted from further participation until the individual			
and cleared by a physician, physicians assistant, chiropractor, or nurse practitioner.			Parent/Guardian Signature:
Explain "yes" answers here (attach another sheet if necessary):			
			For School Use Only: This Medical History Form was reviewed by: Printed Name Date
			Signature
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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