

**PRE-PARTICIPATION MEDICAL HISTORY – REQUIRED ANNUALLY**

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.**

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

		YES	NO
1	a	<input type="checkbox"/>	<input type="checkbox"/>
	a	<input type="checkbox"/>	<input type="checkbox"/>
	b	<input type="checkbox"/>	<input type="checkbox"/>
3	a	<input type="checkbox"/>	<input type="checkbox"/>
	b	<input type="checkbox"/>	<input type="checkbox"/>
	c	<input type="checkbox"/>	<input type="checkbox"/>
	d	<input type="checkbox"/>	<input type="checkbox"/>
	e	<input type="checkbox"/>	<input type="checkbox"/>
	f	<input type="checkbox"/>	<input type="checkbox"/>
	g	<input type="checkbox"/>	<input type="checkbox"/>
	h	<input type="checkbox"/>	<input type="checkbox"/>
	i	<input type="checkbox"/>	<input type="checkbox"/>
	J	<input type="checkbox"/>	<input type="checkbox"/>
	k	<input type="checkbox"/>	<input type="checkbox"/>
4	a	<input type="checkbox"/>	<input type="checkbox"/>
	b	<input type="checkbox"/>	<input type="checkbox"/>
	c	<input type="checkbox"/>	<input type="checkbox"/>
	d	<input type="checkbox"/>	<input type="checkbox"/>
	e	<input type="checkbox"/>	<input type="checkbox"/>
	f	<input type="checkbox"/>	<input type="checkbox"/>
	g	<input type="checkbox"/>	<input type="checkbox"/>
	h	<input type="checkbox"/>	<input type="checkbox"/>
	i	<input type="checkbox"/>	<input type="checkbox"/>
5	a	<input type="checkbox"/>	<input type="checkbox"/>
6	a	<input type="checkbox"/>	<input type="checkbox"/>
7	a	<input type="checkbox"/>	<input type="checkbox"/>
8	a	<input type="checkbox"/>	<input type="checkbox"/>
9	a	<input type="checkbox"/>	<input type="checkbox"/>
10	a	<input type="checkbox"/>	<input type="checkbox"/>
11	a	<input type="checkbox"/>	<input type="checkbox"/>
12	a	<input type="checkbox"/>	<input type="checkbox"/>
13	a	<input type="checkbox"/>	<input type="checkbox"/>
	b	<input type="checkbox"/>	<input type="checkbox"/>
	c	<input type="checkbox"/>	<input type="checkbox"/>
14	a	<input type="checkbox"/>	<input type="checkbox"/>
15	a	<input type="checkbox"/>	<input type="checkbox"/>
	b	<input type="checkbox"/>	<input type="checkbox"/>
	c	<input type="checkbox"/>	<input type="checkbox"/>
16	a	<input type="checkbox"/>	<input type="checkbox"/>
17	a	<input type="checkbox"/>	<input type="checkbox"/>
18	a	<input type="checkbox"/>	<input type="checkbox"/>
19	a	<input type="checkbox"/>	<input type="checkbox"/>
	b	<input type="checkbox"/>	<input type="checkbox"/>
	c	<input type="checkbox"/>	<input type="checkbox"/>
	d	<input type="checkbox"/>	<input type="checkbox"/>
	e	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_

Sex:  Male /  Female Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

HT: \_\_\_\_\_ Wt: \_\_\_\_\_ Pulse: \_\_\_\_\_ Pupils: Equal Unequal

Vision: (R) 20/\_\_\_\_ (L) 20/\_\_\_\_ Corrected: Y N

BP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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. \* **Local district policy may require an annual physical exam.**

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS *
Appearance			
Eyes/Ears/ Nose/Throat			
Lymph Nodes			
Heart-Auscultation Supine			
Heart-Auscultation Standing			
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			

**CLEARANCE** \*Stationed -Based Examination Only

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.

Date of Examination: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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 by a physician, physician assistant, chiropractor, or nurse practitioner.

Explain YES Answers: \_\_\_\_\_  
 \_\_\_\_\_

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.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Parent Signature Student Signature

FOR SCHOOL USE ONLY: This Medical History was Reviewed by:
Printed Name: _____
Date: _____
Signature: _____