

2015-2016 KLEIN INDEPENDENT SCHOOL DISTRICT PRE-PARTICIPATION FORM

BACKGROUND INFORMATION – REQUIRED ****PRINT LEGIBLY WITH BLUE OR BLACK INK****

Student's Last Name / Student's First Name / Student's Middle Name

KISD Student ID # Gender Age Date of Birth

14-15 School: ☐ Doerre ☐ Hildebrandt ☐ Kleb ☐ Klein Inter. ☐ Krimmel ☐ Schindewolf ☐ Strack ☐ OUlrich ☐ OWunderlich 2015-16 Grade: ☐ 7 ☐ 8

14-15 School: ☐ Klein ☐ Klein Collins ☐ Klein Forest ☐ Klein Oak 2015-16 Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12

List ALL schools/ grade/dates that the student had previously attended prior to this school year: _____

Circle the sport(s) in which you plan to participate:

Baseball Basketball Cheerleading Cross Country Drill Team Football Golf Manager Soccer Softball Student Trainer

Swimming & Diving Tennis Track & Field Volleyball Wrestling Other – Please List: _____

Parent/Guardian 1 FULL Name (include last name) Parent/Guardian 1 - Phone Parent/Guardian 1 – Cell Phone

Parent/Guardian 1- Employer Parent/Guardian 1 – E-MAIL (PRINT)

Parent/Guardian 2 FULL Name (include last name) Parent/Guardian 1 - Phone Parent/Guardian 1 – Cell Phone

Parent/Guardian 2- Employer Parent/Guardian 2 – E-MAIL (PRINT)

Students - Home Phone Student's Home Address (street, city, zip)

EMERGENCY INFORMATION: OTHER THAN PARENT/GUARDIAN – DO NOT LEAVE ANY BLANKS ** REQUIRED **

Name of Alternate Contact In Case of Emergency 1 Relation to Student Emergency Contact 1 – Phone # 1 Emergency Contact 1 – Phone # 2

Name of Alternate Contact In Case of Emergency 2 Relation to Student Emergency Contact 2 – Phone # 1 Emergency Contact 2 – Phone # 2

Allergies to medication or other (please list): _____

Any medications taken regularly (please list): _____

Any medical concerns that should be noted: _____

MEDICATION PERMISSION – OPTIONAL NO SIGNATURE= NO MEDICATION

Athletic Trainers, Licensed by the State of Texas (LAT) and employed by the Klein ISD, are hereby given my acknowledgment and consent to administer non-prescription over-the-counter medication to my child. A complete list of over-the-counter medications is available from each campus. I also give consent to administer prescription medication when prescribed by my child's physician and accompanied by a Medication Permission Form. The original prescription label must be on the medication container.

Parent/Guardian Sign (optional): _____ Date/Year: _____

INSURANCE INFORMATION – REQUIRED DO NOT LEAVE ANY BLANKS ** REQUIRED **

Name of Insured: _____ Insurance Company Name: _____

Are you eligible to receive benefits under any governmental plan or program, including Medicare? YES NO

Is your primary Insurance part of a Health Maintenance Organization (HMO) or similar prepaid health care plan? YES NO

Klein ISD provides a secondary accidental injury insurance coverage for students who participate in UIL sanctioned activities for grades 7 - 12. The parent/guardian's insurance policy is always the primary carrier with the Klein ISD insurance coverage as a secondary carrier. This means that the insurance company covers expense not paid or payable by any valid and collectable insurance. There is a deductible that applies for each injury. The insurance company will pay on a schedule of benefits for charges/fees actually incurred within 52 weeks of the date of injury up to the limit set by carrier. Check insurance policy brochure for coverage limitations. IF the student is NOT covered by any other form of medical insurance, the secondary accidental insurance policy becomes the primary and the deductible still applies. The policy covers accidental injury and medical treatment that must be sought within six months (6). This policy pays per a schedule of benefits and covers injury as a result of an acute accident, not illness. This policy is provided for UIL participants at no cost to the parent/guardian. It is the responsibility of the parent/guardian to notify the Athletic Training Room and/ or Head coach of any injury- School officials must file any and all insurance claims; this is an e-file. I have read and understand the above paragraph. ***DEDUCTIBLE= \$500.00 per injury***

X Parent/Guardian Sign (required): _____ Date/Year: _____

CONSENT – REQUIRED ** REQUIRED **

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 the high school assumes any responsibility in case an accident occurs. If, in the judgment of any representatives 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, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

X Parent/Guardian Sign (required): _____ Date: _____

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.

ACKNOWLEDGEMENT OF RULES/ CONSENT – REQUIRED

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

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 the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgment of any representatives 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, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

RELEASE TO RETURN TO PARTICIPATION AFTER A MEDICAL CONSULTATION

Athletes who seek medical attention from a HealthCare Provider for any injury or illness, whether they are removed from or have restrictions placed on their ability to participate, CANNOT return to athletic participation until a signed and dated physician's release has been provided to the Athletic Trainer (AT) or designee. Parental authorization or notification will NOT be accepted in place of the medical release. This means: Turn any and all MD notes into the ATs; MD notes should include a Diagnosis and any restrictions- not attendance notes. **Any Athlete that see any Medical Professional for any reason, must have a note from that Medical Professional BEFORE being able to resume Participation– NO EXCEPTIONS!**

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the *Constitution and Contest Rules*).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the *Constitution and Contest Rules* for exemption.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school they wish to represent.
- Initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

*** I UNDERSTAND THAT THERE IS A COPY OF THE UIL PARENT INFORMATION MANUAL REGARDING HEALTH AND SAFETY ISSUES & THE KLEIN ISD CODE OF CONDUCT AND IT IS MY RESPONSIBILITIES AS A PARENT/GUARDIAN TO HAVE READ, UNDERSTOOD & ABIDE BY THESES RULES.** They are available in the athletic office, the school in which my child attends, on the KISD Athletic website (www.kleinisd.net), and the UIL Website (<http://www.uil.utexas.edu/athletics/forms/>). The UIL Parent Information Manual can also be found at www.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf

*** 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.**

*** I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE THE INFORMATION & REGULATIONS CITED ABOVE AND AGREE TO FOLLOW ALL OF THE RULES.**

***I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE THE KLEIN ISD CODE OF CONDUCT FOR ALL ATHLETIC ACTIVITIES**

X Parent/Guardian Sign (required): _____

Date: _____

Student Sign (required): _____

Date: _____

HEALTH ISSUES AGREEMENT/ ACKNOWLEDGEMENT FORM – REQUIRED

ANABOLIC STEROID USE AND RANDOM STEROID TESTING (SENATE BILL 8)

The University Interscholastic League (UIL) has a random anabolic steroid testing program for all high school student-athletes.

- 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

KISD, the UIL and TEA want to make students, parents, coaches and school administrators aware that dietary supplements can contain, or be contaminated with, steroid-like chemicals that can cause a 'positive' test result. A positive result on a steroid test will result in a loss of eligibility for a minimum of 30 days. Contact the University Interscholastic League at 512-471-5883 or online at www.uilutexas.edu with questions or to obtain additional information. Athletes must be aware that they are responsible for everything they eat, drink and put into their body. Ignorance and/or lack of intent are not acceptable excuses for a positive steroid test result.

CONCUSSION LAW/“NATASHA’S LAW” (HOUSE BILL 2038)

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, and 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 (RTP) protocol based on peer reviewed scientific evidence.

Treatment of Concussion—The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a Physician skilled in the Management of Concussions and must complete the KISD RTP Protocol before returning to athletic participation. The immediate treatment for concussion is **cognitive & physical 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 may begin their district's Return to Play (RTP) protocol as determined by the Concussion Oversight Team.

Return to Play (RTP)—According to the Texas Education Code, Section 38.157: A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete 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 skilled in the Management of Concussions 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 KISD 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

*Klein ISD supports the use of pre and post injury cognitive assessment with neuropsychological testing (**ImPact® Test**)

*All medical notes, modifications and other associated paperwork must be turned into the Licensed Athletic Trainer or designee in a timely manner. It is the responsibility of the Licensed Athletic Trainer at the high school level to oversee, administer, record, monitor and observe the concussed student-athlete in compliance with the Protocol and Law. At the intermediate school level; RTP protocol activities will be monitored by the School Nurse, Supervising Coach or other designated defined by the Concussion Oversight Team as being responsible for administration of the protocol in direct communication with the High School LAT.

*Should the student-athlete and/or the parent/guardian fail to comply with the Texas State Concussion Management Law, KISD Guidelines for Concussion Management and the KISD RTP Protocol, then said student **will not be allowed to participate in KISD Athletics indefinitely** until such time that the student has successfully completed each requirement of the Texas Concussion Law, UIL Guidelines AND the KISD RTP protocol.

SUDDEN CARDIAC ARREST AWARENESS FORM

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, loses consciousness (passes out) and has no pulse. Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest? Conditions present at birth, **Inherited** (passed on from parents/relatives) conditions 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 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. 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** –

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/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/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 12 important cardiac elements. **The UIL Pre-Participation Physical Evaluation – Medical History form includes ALL 12 of these important cardiac elements and is mandatory annually.** Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory. **Where can one find information on additional screening?** American Heart Association (www.heart.org), August Heart (www.augustheart.org), Championship Hearts Foundation (www.championshipheartsfoundation.org),

Cypress ECG Project (www.cypressecgproject.org), Parent Heart Watch (www.parentheartwatch.com)

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.uilutexas.edu 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.

I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE THE INFORMATION ABOVE REGARDING:

1. THE MANAGEMENT OF CONCUSSIONS AND THE RETURN TO PLAY GUIDELINES PER TEXAS STATE LAW
2. ANABOLIC STEROIDS
3. SUDDEN CARDIAC ARREST

***I AGREE TO FOLLOW THESE RULES & ANY FURTHER GUIDELINES AS THEY BECOME AVAILABLE.**

X

Student Name (Print): _____ **Grade:** _____

Student Signature (required): _____ **Date:** _____

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.uilutexas.edu 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.

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***I AGREE TO FOLLOW THESE RULES & ANY FURTHER GUIDELINES AS THEY BECOME AVAILABLE.**

X

Parent/Guardian Sign (required): _____ **Date:** _____

Relationship to student: _____

More information is available on the UIL HEALTH & SAFETY website at <http://www.uilutexas.org/health>

PRE PARTICIPATION MEDICAL HISTORY/PHYSICAL EXAM – REQUIRED

Student's Name: _____ Gender _____ Age _____ Date of Birth _____

STUDENT – PARENT/GUARDIAN SECTION			MEDICAL EXAMINER SECTION																																																										
This MEDICAL HISTORY FORM must be completed <u>annually</u> 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. <u>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.</u>			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. *KISD requires an annual physical exam.																																																										
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			CLEARANCE * Station-based examination only <input type="checkbox"/> Cleared <input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____ <input type="checkbox"/> Not cleared for: _____ Reason: _____ Recommendations: _____																																																										
1. Have you had a medical illness or injury since your last check up or sports physical? YES NO <input type="radio"/> <input type="radio"/>			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 (print/type): _____ Address: _____ Phone Number: _____ Physician's Signature: _____																																																										
2. Have you been hospitalized overnight in the past year? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever had surgery ? YES NO <input type="radio"/> <input type="radio"/>																																																													
3. Have you ever had prior testing for the heart ordered by a physician? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever passed out during or after exercise? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever had chest pain during or after exercise? YES NO <input type="radio"/> <input type="radio"/>																																																													
Do you get tired more quickly than your friends do during exercise? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever had racing of your heart or skipped heartbeats ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you had high blood pressure or high cholesterol ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever been told you have a heart murmur ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? WHO: YES NO <input type="radio"/> <input type="radio"/>																																																													
Has any family member been diagnosed with enlarged heart (dilated cardiomyopathy), Hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? WHO: YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO <input type="radio"/> <input type="radio"/>																																																													
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO <input type="radio"/> <input type="radio"/>																																																													
4. Have you ever had a head injury or concussion ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever been knocked out, become unconscious, or lost your memory ? YES NO <input type="radio"/> <input type="radio"/>																																																													
If yes, how many times ? _____ When was the last concussion ? _____ How severe was each one? (Explain) _____ Have you ever had a seizure ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Do you have frequent or severe headaches ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you ever had a stinger, burner, or pinched nerve? YES NO <input type="radio"/> <input type="radio"/>																																																													
5. Are you missing any paired organs ? YES NO <input type="radio"/> <input type="radio"/>																																																													
6. Are you under a doctor's care ? YES NO <input type="radio"/> <input type="radio"/>																																																													
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler ? YES NO <input type="radio"/> <input type="radio"/>																																																													
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO <input type="radio"/> <input type="radio"/>																																																													
9. Have you ever been dizzy during or after exercise? YES NO <input type="radio"/> <input type="radio"/>																																																													
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO <input type="radio"/> <input type="radio"/>																																																													
11. Have you ever become ill from exercising in the heat? YES NO <input type="radio"/> <input type="radio"/>																																																													
12. Have you had any problems with your eyes or vision ? YES NO <input type="radio"/> <input type="radio"/>																																																													
13. Have you ever gotten unexpectedly short of breath with exercise? YES NO <input type="radio"/> <input type="radio"/>																																																													
Do you have asthma ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Do you have seasonal allergies that require medical treatment? YES NO <input type="radio"/> <input type="radio"/>																																																													
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)? YES NO <input type="radio"/> <input type="radio"/>																																																													
15. Have you ever had a sprain, strain, or swelling after injury ? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you broken or fractured any bones or dislocated any joints? YES NO <input type="radio"/> <input type="radio"/>																																																													
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below YES NO <input type="radio"/> <input type="radio"/>																																																													
<table style="width: 100%; font-size: x-small;"> <tr> <td><input type="radio"/> Head</td> <td><input type="radio"/> Elbow</td> <td><input type="radio"/> Hip</td> <td><input type="radio"/> Neck</td> <td><input type="radio"/> Forearm</td> <td><input type="radio"/> Thigh</td> <td><input type="radio"/> Back</td> <td><input type="radio"/> Wrist</td> <td><input type="radio"/> Knee</td> </tr> <tr> <td><input type="radio"/> Hand</td> <td><input type="radio"/> Shin/Calf</td> <td><input type="radio"/> Shoulder</td> <td><input type="radio"/> Finger</td> <td><input type="radio"/> Ankle</td> <td><input type="radio"/> Upper Arm</td> <td><input type="radio"/> Foot</td> <td><input type="radio"/> Chest</td> <td></td> </tr> </table>			<input type="radio"/> Head	<input type="radio"/> Elbow	<input type="radio"/> Hip	<input type="radio"/> Neck	<input type="radio"/> Forearm	<input type="radio"/> Thigh	<input type="radio"/> Back	<input type="radio"/> Wrist	<input type="radio"/> Knee	<input type="radio"/> Hand	<input type="radio"/> Shin/Calf	<input type="radio"/> Shoulder	<input type="radio"/> Finger	<input type="radio"/> Ankle	<input type="radio"/> Upper Arm	<input type="radio"/> Foot	<input type="radio"/> Chest																																										
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16. Do you want to weigh more or less than you do now? YES NO <input type="radio"/> <input type="radio"/>																																																													
Do you lose weight regularly to meet weight requirements for your sport? YES NO <input type="radio"/> <input type="radio"/>																																																													
17. Do you feel stressed out? YES NO <input type="radio"/> <input type="radio"/>																																																													
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease ? YES NO <input type="radio"/> <input type="radio"/>																																																													
19. Females Only: 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, physicians assistant, chiropractor, or nurse practitioner. EXPLAIN 'YES' ANSWERS HERE (attach another sheet if necessary):																																																													

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 Klein Independent School District 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.

X **Parent/Guardian Sign (required):** _____ **Student Sign (required):** _____ **Date:** _____
THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

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

Printed Name _____ **Date** _____ **Signature** _____