Studen's Name: (print)	questions are designed to determine if th Student's Name: (print)				_	=			
Grade School Processed Physician   Phone   Pho									-
Personal Physician   Prome									-
Recovery of mergency, contact:   Phone (II)   (W)     (W)       (W)									
plain "Yes" answers in the bux below**. Circle questions you don't know the unswers up to plain "Yes" answers in the bux below**. Circle questions you don't know the unswers up to physical?  Have you had a medical illness or injury since your last check	•					T HORE			-
Have you had a medical illness or injury since your last check  Have you had a medical illness or injury since your last check  Have you over had a medical illness or injury since your last check  Have you over had surgery?  Do you have assbana?  Do you have assbana?  Do you have assbana?  Do you have any pecial protective or corrective equipment or devices that aren't usually used for your activity or position (for example, the beat medical treatment?)  Have you over had a fine or go you from a do during or after exercise?  Do you have any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, the beat more quickly than your friends do during a coversie?  Have you over had racing of your heart or skipped heartbeats?  Have you over had prome quickly than your friends do during exercise?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had racing of your heart or skipped heartbeats?  Have you were had no death before age 50?  Have you were had no death before age 50?  Have you were had head injury or concussion?  Have you were had head injury or concussion?  Have you were had no handpalay (Burgada syndrome, etc.) Andrews your from the start of one period to the startities for		Relationship		Phone	(H)	(W)			
Have you had a medical illness or injury since your last check up or physical?  Law you even had printing the past year?  Law you even had suggery.  Do you have eashma?  Do you have eashma?  Do you have seasmal allergies that require medical treatment?  Do you have seasmal allergies that require medical treatment?  Do you have seasmal allergies that require medical treatment?  Do you have seasmal allergies that require medical treatment?  Do you have seasmal allergies that require medical treatment?  Do you have seasmal allergies that require medical treatment?  Do you have seasmal allergies that require medical treatment?  Do you have treatment on your treath seasmal allergies that require medical treatment?  Law you ever had chest pain during or after exercise?  Do you have treatment on your treath hearing addy on the properties of the chest of medical treatment?  Law you ever had chest pain during or after exercise?  Do you have injury heart or shipped heartheath?  Law you were had printing after the heart mannar?  Law you were had printing after the heart mannar?  Have you were had a perint dy have your friends do during exercise?  Have you were had any other problems with pain or swelling in muscles, tendous, bones, or joins?  Has any family member to relative died of heart problems or of sudden unexpected death before age heart, fedited candenonyopathy), pryetrophic eardiomyopathy, long and problems or of law you were heart independent of your participation in activities of any please problems?  Have you ever heart had allowed your participation in activities of any please problems?  Have you ever heart had allowed your participation in activities of any please problems?  Have you ever heart had a lead injury or concussion?  Have you ever heart had a lead injury or concussions, or lost your mannary.  Have you ever heart had a lead injury or concussions, or lost your mannary.  Have you ever heart had a lead injury or concussions, or lost your mannary.  Have you ever heart had a lead injury or concussions,					(11)	(w)			-
Have you had a medical illness or injury since your last check	plant 1 cs answers in the box below . C							<b>3</b> .7	•
Lave you were had surgery?	Have you had a medical illness or injury				Have you ever gotter	unexpectedly short of b	reath with	Yes	No
Have you ever had pitor tealing for the heart ordered by a player season all allrages that require medical treatment?  Live you ever had pitor tealing for the heart ordered by a physician?  Live you ever had one promise of the season and the season and the promise of the season and the seas	up or physical?	_	_	15.				_	_
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 tied more quackly than your friends do during exercise?  Have you ever had chest pain during or after exercise of the property o		the past year?			•				
bysician?  Have you ever had chest pain during or after exercise?  Have you ever had chest pain during or after exercise?  Have you ever had chest pain during or after exercise?  Have you ever had chest pain during or after exercise?  Have you ever had a sprain, strain, or swelling after injury?  Have you ever had a sprain, strain, or swelling after injury?  Have you ever had a sprain, strain, or swelling in muscles, tendons, bones, or joints?  Have you had high blood pressure or high cholesterol?  Have you had high blood pressure or high cholesterol?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you ever heen told you have a heart murmur?  Have you ever heen told you have a heart murmur?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you ever heen told you have a heart murmur?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you ever heen told you have a heart murmur?  Have you had now plant problems?  Thigh yellows and explain below:  Have you had a severe viral infection (for example, myound in the last month?  Have you had a severe viral infection (for example, work and the last month?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a stinger, burner, or pinched nerve?  How saver was each one? (Explain below)  Have you ever had a stinger, burner, or pinched nerve?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever heen dizzy during or after exercise?  Have you ever heen dizzy during or after exercise in the heat?  Do you have any lesticular secreting on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for sort equited in					•				
Have you ver had achest pain during or after exercise?		neart ordered by a	1 0	14.					
Have you ever had chest pain during or after exercise?    Do you get tried more quickly than your friends do during	1 3	awaraisan							
Do you get tred more quickly than your friends do during exercise?  Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesteror!? Have you were be not old you have a heart murnur? Has any family member or relative died of heart problems or of local distinct and family member or relative died of heart problems or of local distinct and family member or relative died of heart problems or of local distinct and family member or relative died of heart problems or of local distinct and 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?  Alve you had a severe virial infection (for example, local distinct of the same phase of the same ph		CACICISC!				-	ot officties,		
Have you broken or fractured any bones or dislocated any law you rever had racing of your heart or skipped heartbeats?		itter exercise.		15.			ng after injury?		
Have you ever had meing of your heart or skipped heartheat?    lave you had high blood pressure or high cholesterol?		monus do damig	_						_
Have you had high blood pressure or high cholesterol?         muscles, tendons, bones, or joints?		or skipped heartbeats?	] 🗆		-	J	,		
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 OT 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 activities for any heart problems?  Have you ever head a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head nead injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a seizure?  How severe was each one? (Explain below)  Have you ever had a seizure?  How severe was each one? (Explain below)  Have you ever had a seizure?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever had a stinger, burner, or pinched nerve?  Have you ever had a stinger, burner, or pinched nerve?  Are you unissing any paired organs?  Are you underad a ofcor's care?  Are you underad a policy of example, to pollen, medicine, or stinging insects?  Do you have any elergical for example, to pollen, medicine, or stinging insects?  Lave you ever been dizzy during or after exercise?  Do you have any esticular swelling or masses?  Lave you ever been dizzy during or after exercise?  Lave you ever been dizzy during or after exercise?  Do you have any esticular swelling or masses?  Lave you ever been dizzy during or after exercise?  Lave you ever been dizzy during or after exercise?  Lave you ever been dizzy during or after exercise?  Lave you have any esticular swelling or masses?  Lave you ever been dizzy during or after exercise?  Lave you have the endizive during or after exercise?  Lave you ever been dizzy			] 🗆		Have you had any or	ther problems with pain	or swelling in		
sudden unexpected death before age 50?  Has any family member been diagnosed with enlarged heart,					muscles, tendons, bo	ones, or joints?			
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?		=	] [		If yes, check approp	riate box and explain be	low:		
Secondary   Secondary   Company	-								
OT syndrome or other ion channelpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm?    Chest		=	1 0			□ Elbow	•		
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 activities for any heart problems?   Have you ever had a head injury or concussion?     16.   Do you want to weigh more or less than you do now? activities for any heart problems?   Have you ever had a head injury or concussion?     18.   Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?   Have you ever been diagnosed with or treated for sickle cell disease?   Females Only   19.   When was your first menstrual period?   When was your fast concussion?     How much time do you usually have from the start of one period to the sanother?   How much time do you usually have from the start of one period to the sanother?   How many periods have you had in the last year?   How many periods have you had in the last year?   Males Only   20. Do you have fast or sixtle destination or pills or using an inhaler?   21. Do you have any allergies (for example, to pollen, medicine, own have any allergies (for example, to pollen, medicine, own have any allergies (for example, to pollen, medicine, own have any allergies (for example, to pollen, medicine, own have any utrent skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?   Have you ever beacometrial with your eyes or vision?							· ·		
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 activities for any heart problems?  Have you ever had a head injury or concussion?  Have you ever head head injury or concussion, or lost your memory?  Have you ever head nead injury or concussion?  How severe was each one? (Explain below)  Have you ever had a scizure?  How severe was each one? (Explain below)  Have you ever had a scizure?  How many periods have you had in the last year?  How many periods have you had in the last year?  How many periods have you had in the last year?  How many periods have you had in the last year?  Have you ever had a stinger, burner, or pinched nerve?  Are you missing any paired organs?  Are you under a doctor's care?  Have you ever been diagnosed with or treated for sickle cell traited for sickle cell disease?  Females Only  19. When was your first menstrual period?  When was your first menstrual period?  When was your first menstrual period?  When was your most recent menstrual period?  When was your first menstrual period?  When was your first menstrual period?  How much time do you usually have from the start of one period to the sanother?  How many periods have you had in the last year?  Have you under a doctor's care?  Are you missing any paired organs?  Are you under a doctor's care?  Are you under a doctor's care?  Are you go under a doctor's care?  Are you under a doctor's care?  Are yo		1							
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Have you ever been knocked out, become unconscious, or lost your memory?  When was your last concussion?  When was your 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?  Are you missing any paired organs?  Are you under a doctor's care?  Are you under a doctor's care?  Are you have any pairently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, looy un have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever been dizzy during or after exercise?  Lave you ever been dizzy during or after exercise?  Lave you have any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic La onsort of such care and treatment as any be given said student by any physician, athletic trainer, nurse or school representative. I do hereby request, authe consent to such care and treatment as any set given said student by any physician, athletic trainer, nurse or school representative. I do hereby account of such care and treatment as any set of the school, the above student by any physician, athletic trainer, nurse or school representative. I do hereby request, authe consent to such care and treatment as any set of the school authorities of such illne injury.  If hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses cou	Has a physician ever denied or restricted		] [		Do you want to wei	gh more or less than you	ı do now?		
trait or sickle cell disease?    Tyes, how many times?			1 🗆	18	Have you ever been	diagnosed with or treate	ed for sickle cell		
Semales Only   Semales Only   Semales Only   Semales Only   Semales Only   Semales Only   Severe was each one? (Explain below)   How was your first menstrual period?   When was your most recent menstrual period?   When was you was provided in the last year?   What was the longest time between periods in the last year?   What was the longest time between pe				10.	-	=	ed for siekie een		-
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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?  Are you missing any paired organs?  Are you under a doctor's care?  Are you under a doctor's care?  Are you under a doctor's care?  Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever been dizzy during or after exercise?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, authoconsent 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 har 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illne 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 cou								_44	c
Do you have frequent or severe headaches?	· -					ually have from the start	of one period to the	start o	I
Have you ever had numbness or tingling in your arms, hands,	,	es?				- ou had in the last year?			
Are you nissing any paired organs?  Are you under a doctor's care?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Have you ever been dizzy during or after exercise?  Have you ever been dizzy during or after exercise?  Have you ever been dizzy during or after exercise?  Have you ever been dizzy during or after exercise?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, authoconsent to such care and treatment as may be given said student by any physician, athletic trainer, runse or school representative. I do hereby agree to indemnify and save han school and any school or hospital representative from any claim by any person on account of such care and treatment as a result of notify the school authorities of such illne 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 cou		in your arms, hands,	] [	W	hat was the longest time		last year?		
Are you under a doctor's care?  Are you under a doctor's care?  Are you under a doctor's care?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, authoconsent 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 har 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illne injury.	Have you ever had a stinger, burner, or p	pinched nerve?	] 🗆			s?			
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Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, author 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 han 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illne 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 counters.			J LI						
food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, author 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 har 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illne 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 counter that may limit this student to provide truthful responses counter to such care and treatment or provide truthful responses counter to such care and correct.			1 🗆						.
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Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, author 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 har 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illne 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 counterparts and treatment of the provide truthful responses counterparts are complete and correct.	Have you ever been dizzy during or afte	er exercise?	] [		•		another sheet if necess	arv).	┥.
It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Le 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, author 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 hard 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illne 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 counterparts and the possibility of an accident still remains. Neither the University Interscholastic Le nor the school assumes any responsibility in case an accident occurs.  If, in the judgment of any representative from such care and treatment as a result of any injury or sickness, I do hereby request, author consent to such care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment as a result of any injury or sickness, I do hereby request, author care and treatment	rashes, acne, warts, fungus, or blisters)?				III TES TINSWERS II	THE BOX BEEO W (under	amouner sheet it necess	ury).	
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Student Signature:  Parent/Guardian Signature:  Date:	subject the student in question to pena	alties determined by the UII	L		e complete and correct	•	_	uld	
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. THIS FORM MUST BE ON FILE PRIOR TO	Any Yes answer to questions 1, 2, 3, 4, 5, or	· 6 requires further medical eva	aluation v	vhich may inc		on. Written clearance from	m a physician, physici	an	
PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.  or School Use Only:  This Medical History Form was reviewed by: Printed Name Date Signature	or School Use Only:		OR CO	NTEST BEFO	•				

## PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION Student's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth\_\_\_ Height \_\_\_\_\_ Weight\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_ BP\_\_\_/\_\_(\_/\_\_, \_\_/\_\_) brachial blood pressure while sitting Vision: R 20/\_\_\_\_ L 20/\_\_\_ Corrected: □ Y □ N Pupils: □ Equal □ Unequal As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* Local district policy may require an annual physical exam. NORMAL ABNORMAL FINDINGS 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) if indicated Skin Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) 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.