

**EANES ISD POLICY REQUIRES EACH ATHLETE HAVE AN ANNUAL PHYSICAL DATED AFTER MAY 1, 2025**

**EANES ISD PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY FORM**

This **FORM** must be **COMPLETED IN FULL** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print)		Sex:	Age:	DOB:
Address:				Phone:
Grade:	School:			Student ID:
Personal Physician:				Phone:

**In case of emergency, contact:**

Name:	Relationship:	Phone: (H)	(W)
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Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1 Have you had a medical illness or injury since your last check up or physical?			13 Have you ever gotten unexpectedly short of breath with exercise?		
2 Have you been hospitalized overnight in the past year?			Do you have asthma?		
Have you ever had surgery?			Do you have seasonal allergies that require medical treatment?		
3 Have you ever had prior testing for the heart ordered by a physician?			14 Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
Have you ever passed out during or after exercise?			15 Have you ever had a sprain, strain, or swelling after injury?		
Have you ever had chest pain during or after exercise?			Have you broken or fractured any bones or dislocated any joints?		
Do you get tired more quickly than your friends do during exercise?			Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
Have you ever had racing of your heart or skipped heartbeats?			If yes, circle the appropriate body parts and explain below:		
Have you had high blood pressure or high cholesterol?			Head	Elbow	Hip
Have you every been told you have a heart murmur?			Neck	Forearm	Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?			Back	Wrist	Knee
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?			Chest	Hand	Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?			Shoulder	Finger	Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?			Upper Arm	Foot	
4 Have you ever had a head injury or concussion?			16 Do you want to weight more or less than you do now?		
Have you ever been knocked out, become unconscious, or lost your memory?			17 Do you feel stressed out?		
If yes, how many times? _____			18 Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?		
When was your last concussion? _____			<b>FEMALES ONLY</b>		
How severe was each one? (Explain below)			19 When was your first menstrual period? _____		
Have you ever had a seizure?			When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?			How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?			How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?			What was the longest time between periods in the last year? _____		
5 Are you missing any paired organs?			<b>MALES ONLY</b>		
6 Are you under a doctor's care?			20 Do you have two testicles? _____		
7 Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?			21 Do you have any testicular swelling or masses? _____		
8 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			<input type="checkbox"/> An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG. <b>EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary)</b>		
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 ever become ill from exercising in the heat?					
12 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 League nor the school assumes any responsibility in case an accident occurs.

If, in the judgement 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 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 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:	Parent/Guardian Signature:	Date:
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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 PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING, OR AFTER SCHOOL.**

**For School Use Only:**

This Medical History Form was review by: Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**EANES ISD 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 ☐ NPupils: ☐ Equal ☐ Unequal**EANES ISD POLICY REQUIRES EACH ATHLETE HAVE AN ANNUAL PHYSICAL DATED AFTER MAY 1, 2025.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
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 stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
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: \_\_\_\_\_

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

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.