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13. Have you ever gotten unexpectedly short of breath with exercise? YES NO Do you have asthma? YES NO Do you have seasonal allergies that require medical treatment? YES NO 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 15. Have you ever had a sprain, strain, or swelling after injury? YES NO Have you boken or fractured any bones or dislocated any joints? YES NO Head	
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bones, or joints? YES NO USEN IN part of ording in more strong in	LEAR
If yes, check appropriate box and explain below. HeadElbowHipNeckForearmThighBack WristKnee ChestHandShin/CalfShoulderFingerAnkle Upper ArmFoot 16. Do you want to weigh more or less than you do now? YES NO Do you lose weight regularly to meet weight requirements for your sport? YES NO 17. Do you ever been diagnosed w/ or treated for sickle cell trait or Sickle cell disease? YES NO I choose not to provide written information on Question 19 or Questions 20 but will discuss with a medical professional. Females Only 19. When was your first menstrual period? When was your most recent menstrual period? other period?	Clea
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19. When was your first menstrual period? Nu When was your most recent menstrual period? oth	Regist
	urse E
How much time do you usually have from the start of one	her he
period to the start of another?	hysi
How many periods have you had in the last year? A	ddre
What was the longest time between periods in the last year? Pl	hone
Males Only 20. Do you have two testicles?	hysi
	ate:
*Explain "Yes" answers here: A "yes" on questions 1, 2, 3, 4, 5, or 6 requires a further medical	u.c.
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,gamesormatches)	$\Box A$
	under
THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.	Arres
It is understood that even though protective equipment is worn by the athlete, whenever needed, the	stude
possibility of an accident still remains. Neither the University Interscholastic League nor the school	about
assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate	sched
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 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.	
	Prin

Student Signature: _____

ID#_____

ARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION inimum requirement, this Physical Examination Form must be completed prior to igh athletic participation and again prior to first and third years of high school athletic ation. It must be completed if there are yes answers to specific questions on the s Medical History Form. Hays CISD requires annual completion of this form.

Height	Weight	Body Fat_	Pulse	BP	/		
(,/)-brachial blood pressure while sitting							
Vision R 2	0/L2	0/Correc	ted: Y N	Pupils: Equa	I OR	Unequal	

MEDICAL	NORMAL	ABNORMAL FINIDINGS	INITIALS
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			
pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

ANCE {Please check one}

ared (No restrictions)

ared after completing evaluation/rehabilitation for:

Not	cleared	for:
	Re	ason:

owing information must be filled in and signed by either a Physician, a an Assistant licensed by a State Board of Physician Assistant Examiners, stered Nurse recognized as an Advanced Practice Nurse by the Board of Examiners, or a Doctor of Chiropractic. Examination forms signed by any ealth care practitioner will not be accepted.

cian Name (print/type):_____ ess: e Number: cian Signature:

An electrocardiogram (ECG) is not required. I have read and rstand the information about cardiac screening on the UIL Sudden Cardiac st Awareness Form. By checking this box, I choose to obtain an ECG for my ent for additional cardiac screening. I have read and understand the information t cardiac screening. I understand it is the responsibility of my family to dule and pay for such ECG.

FOR SCHOOL USE ONLY: This medical history form was reviewed by:

ted Name: _____

Signature:

Date:

Parent Signature:

Athlete Contact Information

Student Last Name	Student First Name		Middle Init	ial Stud	lent ID #
				I	
Student Date of Birth	School Student Atten	ding		Grade in 20	025-2026
	I				
Home Telephone Number	Cell Phon	e Number			
		I	I		
Street Address (No P.O. Boxes)		City		Zip Code	
	I	1	I		
Parent/Guardian's Name	Employer	Bus. Phone	e Number	Cell Phone I	Number
	I	/			
Parent/Guardian's Name	Employer	Bus. Phone	Number	Cell Phone Nu	umber
	I		I		
Emergency Contact Name	Home/Cell Pl	none Number	Alter	nate Contact	Number
(Non-Parent must be 18 years	or older)				

Everyone needs a New Physical Dated after April 1st

Online Form Instructions

Parent/Guardian: Before your child is able to participate in athletics you will need to complete the following: Navigate to <u>*Hayscisd.rankone.com/pro/login*</u>

- Create a parent account
- To complete each page you will need your athlete's first name, last name, student ID#
 - UIL Signature Page Code of Conduct
 - UIL Forms (Available in Spanish) you will need to fill in every blank and check each box affirming that you have read and agree with the presented material:
 - 1. Acknowledgement of Rules
 - 2. Concussion Acknowledgement Form
 - 3. Sudden Cardiac Arrest Awareness Form
 - 4. UIL Safety Training
 - 5. Parent/Student Steroid Agreement Form

Follow the QR CODE to complete RANKONE Forms ONLINE.



- Student and Parent/Guardian will need to provide signature at the end of the page along with a working email address.

Once you have completed the online forms, medical history, physical exam, athlete contact information portion of this form and turned it in to the Athletic Trainers (High School)/Coach (Middle School), then your child will be eligible to participate in fine arts/athletics (this includes practices/performances during, before, after school, and offseason).