Student Name (LAST, FIRST) _____
Student ID# _____ **Grade (2026-27)** _____
Date of Birth _____ **Gender** _____ **School** _____

PREPARTICIPATION PHYSICAL EVALUATION - Medical History

Please answer each question by circling "YES" or "NO". If you do not know the answer circle the question.

1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
2. Have you been hospitalized overnight in the past year? YES NO
   Have you ever had surgery? YES NO
3. Have you ever had prior testing for the heart ordered by a physician? YES NO
   Have you ever passed out during or after exercise? YES NO
   Have you ever had chest pain during or after exercise? YES NO
   Do you get tired more quickly than your friends do during exercise? YES NO
   Have you ever had racing of your heart or skipped heartbeats? YES NO
   Have you had high blood pressure or high cholesterol? YES NO
   Have you ever been told you have a heart murmur? YES NO
   Has any family member or relative died of heart problems or of sudden unexpected death before age 50? YES NO
   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? YES NO
   Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
   Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
4. Have you ever had a head injury or concussion? YES NO
   Have you ever been knocked out, become unconscious, or lost your memory? YES NO
   If yes, how many times? ____When was the last concussion? _____
   How severe was each one? (Explain below)_____
   Have you ever had a seizure? YES NO
   Do you have frequent or severe headaches? YES NO
   Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
   Have you ever had a stinger, burner, or pinched nerve? YES NO
5. Are you missing any paired organs? YES NO
6. Are you under a doctor's care? YES NO
7. Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler YES NO
8. Do you have any allergies (to pollen, medicine, food, or stinging insects)? YES NO
9. Have you ever been dizzy during or after exercise YES NO
10. Do you have any current skin problems (itching, rashes, acne, warts fungus, or blisters)? YES NO
11. Have you ever become ill from exercising in the heat? YES NO
12. Have you had any problems with your eyes or vision? YES NO
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 broken or fractured any bones or dislocated any joints? YES NO
    Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO

If yes, check appropriate box and explain below.
☐ Head ☐ Elbow ☐ Hip ☐ Neck ☐ Forearm ☐ Thigh ☐ Back
☐ Wrist ☐ Knee ☐ Chest ☐ Hand ☐ Shin/Calf ☐ Shoulder
☐ Finger ☐ Ankle ☐ Upper Arm ☐ Foot

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 feel stressed out? YES NO
18. Have you ever been diagnosed with or treated for sickle cell trait or Sickle cell disease? YES NO

Females Only *- I choose not to provide written information on Question 19 but will discuss with a medical professional* ☐

19. 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? _____

Males Only *- I choose not to provide written information on Question 19 but will discuss with a medical professional* ☐

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

Explain "Yes" answers here: *A "yes" on questions 1, 2, 3, 4, 5, or 6 requires a* 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,gamesormatches)_____

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

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 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, 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.

Parent Signature: _____
Student Signature: _____

LEANDER ISD 2026-27 PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

☐ **OPTIONAL**: ***An electrocardiogram (ECG) is not required***. By marking this box, I choose to obtain an ECG for my student. I understand it is the responsibility of my family to schedule and pay for such an ECG. I have read and understood the information

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 students Medical History Form. **Leander ISD requires annual completion of this form.**

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			

Height ____ **Weight**_____ **%Body Fat**____ **Pulse**_____ **BP**____/____
(____/____, ____/____)-brachial blood pressure while sitting
Vision R 20/_____ L 20/_____ Corrected: Y N **Pupils**: Equal or Unequal

CLEARANCE {Please check one}

☐ **Cleared (No restrictions)**

☐ 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.

Physician Name (print/type): _____
Address: _____
Phone Number: _____
PHYSICIAN SIGNATURE: _____
Date of Physical Exam: _____

FOR LISD SCHOOL OFFICIAL USE ONLY:
This medical history form was reviewed by:
Printed Name: _____
Signature: _____**Date**:_____

Leander ISD Athletic Participation Information

Parent/Guardian,

Before your student can participate in any athletic related activities, they must have the following three items completed. These items must be on file with the either Middle School Coordinator (Middle School Athletes) or the High School Athletic Trainer (High School Athletes).

- **Pre-Participation Medical History & Physical Exam**
- **Rank One Online Forms**
- **ImPACT Baseline Testing**

Pre-Participation Medical History & Physical Exam

All athletes must have an athletic physical form (Reverse side of this form) on file with the Middle School Athletic Coordinator (Middle School Athletes) or the High School Athletic Trainer (High School Athletes) before they can participate in practice, scrimmage, performance, or contest before, during or after school. This form must be signed by a Parent/Guardian and the Student Athlete. All athletic physicals will be valid for 1 year from the date of the Physician Exam. The exception is that per UIL rules, athletes entering 7th & 9th grade must have a new physical. Leander ISD uses May 1st, 2026 as the earliest date that an athlete entering 7th or 9th grade can have a new athletic physical for the 2026-27 School Year.

Rank One - Online Form Instructions

ALL online Rank One forms must be signed by a parent/guardian and the student athlete before they can participate. You will need the student's school ID#. The forms can be accessed via the QR Code or the LISD website:

QR Code for Rank One Website

Or use website link instructions:

Leander ISD Website Access

1. www.leanderisd.org
2. From the A-Z Index select: ***Athletics***
3. Click on: ***Athletics: Health & Safety***
4. Click on: ***Student-Athlete Forms***
5. Click on: ***Rank One Online Forms***

Follow the instructions to create an account and then read, complete, and electronically sign the following forms:

- **UIL Forms Packet**
  - i. Acknowledgement of Rules
  - ii. Concussion Acknowledgment Form
  - iii. Sudden Cardiac Arrest Awareness Form
  - iv. UIL Safety Training
  - v. Behavior Expectations of Spectators
  - vi. Parent/Student Steroid Agreement Form
  - vii. LISD Handbook 2026-2027
  - viii. LISD Athletic Handbook Guidelines and Insurance Form
  - ix. ECG Testing Acknowledgement
- **ECG Testing Op-In**
- **Previous Athletic Participation Form (PAPF)**
- **Emergency Card**
- **Medication Consent Form**

ImPACT Testing Information

As a part of the district concussion management program all athletes will have an ImPACT Baseline Test completed prior to participation. High School students will receive ImPACT Baseline Testing information from the High School Athletic Training Staff. Middle School students will receive ImPACT Baseline Testing information from the Middle School Coordinators.