PASADENA ISD
UIL PRE-PARTICIPATION EVALUATION FORM
GRADERS 7-12

2023-2024

PAID: __________________

RECEIPT #: __________________

It is preferred that this original form be used with the correct school year. NO PHYSICAL CONDUCTED OUTSIDE OF PISD WILL BE ACCEPTED PRIOR TO APRIL 1ST. It is the parent/student responsibility to update new information as soon as it becomes available. (New address, phone number, etc.)

A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT CAN PARTICIPATE IN ANY ATHLETIC/MARCHING BAND ACTIVITY, WHICH INCLUDES TRY-OUTS, OFFSEASON, PRACTICE, PERFORMANCE OR COMPETITION (BEFORE, DURING OR AFTER SCHOOL). ALL HIGH SCHOOL FORMS SHOULD BE GIVEN TO AN **ATHLETIC TRAINER ONLY***. INTERMEDIATE ATHLETIC FORMS SHOULD BE TURNED INTO YOUR CAMPUS COORDINATOR.

Please note you will need to have electronically signed all other documentation required by UIL which can be found at www.rankonesport.com before a student can participate in ANY ATHLETIC/MARCHING BAND ACTIVITY as stated above.

Student ID #: __________________ Sex: __________ Date of Birth: _____/_____/____ Age: _______ Grade (2023-2024): ________

Last Name: ___________ First Name: __________ Home Phone: ____________________ Cell Number: ____________________

Address: __________________________ City/Zip: ________________________________

Circle school for 2023-2024: Dobie Memorial Pasadena Rayburn South Houston Beverly Hills Bondy Jackson Miller Park View Queens San Jacinto Southmore South Houston Thompson Please circle one:

Athletics/Fine Arts/Both

***Pasadena ISD requires an annual physical exam. This exam expires July 31, 2024***

Height: __________________ Weight: __________________ Pulse: __________ BP: __________________


<table>
<thead>
<tr>
<th>MEDICAL EXAMINER SECTION</th>
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<tbody>
<tr>
<td><strong>MEDICAL</strong></td>
</tr>
<tr>
<td>Appearance</td>
</tr>
<tr>
<td>Eyes/Ears</td>
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<tr>
<td>Nose/Throat</td>
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<tr>
<td>Lymph Nodes</td>
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<tr>
<td>Heart – Auscultation Supine</td>
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<tr>
<td>Heart – Auscultation Standing</td>
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<tr>
<td>Heart – Lower Extremity Pulses</td>
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<tr>
<td>Pulses</td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Abdomen</td>
</tr>
<tr>
<td>Genitalia (males only)</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Marfan's Stigma (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)</td>
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</table>

**MUSCULOSKELETAL**

| Neck | | | |
| Back | | | |
| Shoulder / Arm | | | |
| Elbow / Forearm | | | |
| Wrist / Hand | | | |
| Hip / Thigh | | | |
| Knee | | | |
| Leg / Ankle | | | |
| Foot | | | |

**CLEARANCE**

☐ Cleared
☐ Cleared after completing evaluation/ rehabilitation for: __________________________

☐ Not cleared for: __________________________

Recommendations: __________________________

***IF NOT INITIALLY CLEARED, NOTE OF CLEARANCE MUST BE ON LETTERHEAD OF CLEARING PHYSICIAN***

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: __________________________
Examiner’s Signature: __________________________

Must Include Clinic Stamp or Clinic Note from Date of Service to Validate Exam.
# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in athletic/marching band activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic/marching band event.

<table>
<thead>
<tr>
<th>Student's Name: (print)</th>
<th>Sex</th>
<th>Age</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>School (2023-2024)</th>
<th>Student ID#</th>
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<thead>
<tr>
<th>Grade (2023-2024)</th>
<th>Personal Physician</th>
<th>Phone</th>
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<thead>
<tr>
<th>In case of emergency, contact:</th>
<th>Name</th>
<th>Relationship</th>
<th>Phone (H)</th>
<th>Phone (W)</th>
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<tbody>
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Explain “Yes” answers in the box below**. Circle questions you don’t know the answers to.

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 □

3. Have you ever had prior testing for the heart ordered by a physician?  
   - Yes □ No □

4. Have you ever had chest pain during or after exercise?  
   - Yes □ No □

5. Do you get tired more quickly than your friends do during exercise?  
   - Yes □ No □

6. Have you ever had racing of your heart or skipped heartbeats?  
   - Yes □ No □

7. Have you had high blood pressure or high cholesterol?  
   - Yes □ No □

8. Have you ever been told you have a heart murmur?  
   - Yes □ No □

9. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?  
   - Yes □ No □

10. 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?  
    - Yes □ No □

11. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  
    - Yes □ No □

12. Has a physician ever denied or restricted your participation in sports for any heart problems?  
    - Yes □ No □

13. Have you ever gotten unexpectedly short of breath with exercise?  
    - Yes □ No □

14. Do you have asthma?  
    - Yes □ No □

15. Have you ever had a sprain, strain, or swelling after injury?  
    - Yes □ No □

16. Have you broken or fractured any bones or dislocated any joints?  
    - Yes □ No □

17. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?  
    - Yes □ No □

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

19. When was your first menstrual period?  
    - ____________________________

20. Do you want to weigh more or less than you do now?  
    - Yes □ No □

21. Do you feel stressed out?  
    - Yes □ No □

22. Have you been diagnosed with or treated for sickle cell trait or sickle cell disease?  
    - Yes □ No □

**Females Only**

19. When was your most recent menstrual period?  
    - ____________________________

20. How much time do you usually have from the start of one period to the start of another?  
    - ____________________________

21. How many periods have you had in the last year?  
    - ____________________________

22. What was the longest time between periods in the last year?  
    - ____________________________

**Males Only**

19. When was your first period?  
    - ____________________________

20. Do you have two testicles?  
    - Yes □ No □

21. Do you have any testicular swelling or masses?  
    - Yes □ No □

**EXPLAIN ‘YES’ ANSWERS IN THE BOX BELOW** (attach another sheet if necessary):

*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.*

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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. Your signature signifies authorization which is necessary for the district, athletic trainer, coaches, and student insurance personnel to share information concerning medical diagnosis and treatment. This is to conform with Federal guidelines, in HRPPA and FERPA.

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Student Signature: ___________  Parent/Guardian Signature: ___________  Date: ___________

Any Yes answer to questions 1, 2, 3, 4, 5, 6 or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physical assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or meets. THIS FORM & REQUIRED ONLINE FORMS MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY TRYOUT, PRACTICE, PERFORMANCE, SCRAMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: ___________  Printed Name: ___________  Date: ___________  Signature: ___________