

### PREPARTICIPATION PHYSICAL EVALUATION- MEDICAL HISTORY

This Medical History Form must be completed annually by the 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 Name (print): \_\_\_\_\_ DOB: \_\_\_\_\_ School: MVHS MVMS LAMS Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address (street, City, Zip): \_\_\_\_\_ Student phone: \_\_\_\_\_

**In Case of Emergency, Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_

Explain "yes" answers in the box below \*\*. Circle questions you don't know the answer to.

<p>1. Have you ever had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had a prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you get tired quicker than your friends during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had high blood pressure or cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have any family member or relative died of heart problems or sudden unexplained death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had a severe viral infection (for ex: myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever been knocked out, become unconscious or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many times? _____</p> <p>When was your last concussion? _____</p> <p>How severe was each one? (explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a stinger, burner or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescriptions or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for ex: pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for ex: itching, rashes, acne, warts, fungus or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for ex: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had any problems with pain or swelling in muscles, tendons, bones or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weight more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Females only</b></p> <p>19. When was your first menstrual period? _____</p> <p>When was your most recent menstrual period? _____</p> <p>How much time do you usually have from the start of one period to the start of another? _____</p> <p>How many periods have you had in the last year? _____</p> <p>What was the longest time between periods in the last year? _____</p> <p><b>Males Only</b></p> <p>20. Are you missing a testicle? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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An electrocardiogram (ECG) is not required. I have read and understood the information about cardiac screening on the UIL sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

Explain "Yes" answers in the box below (attach another sheet if necessary)

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 a 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

I hereby state that, to the best of my knowledge, my answers to the above questions are completed & correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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. IT CAN NOT BE DATED PRIOR TO MAY 1, 2023.**

For School Use Only:  
This Medical History Form was reviewed by: Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ %Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Yes  No 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	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 pules			
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			
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 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 Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted. **THIS FORM MUST BE ON FILE IN THE ATHLETIC TRAINING OFFICE IN ORDER TO PARTICIPATE IN ANY BEFORE OR AFTER SCHOOL PRACTICE, SCRIMMAGE OR GAME.**

Name (print/type) \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address: \_\_\_\_\_

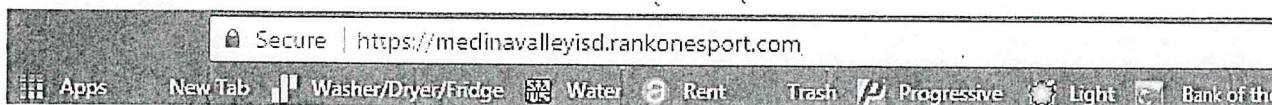
Phone Number: \_\_\_\_\_

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

## Parent Instructions to fill out UIL forms online

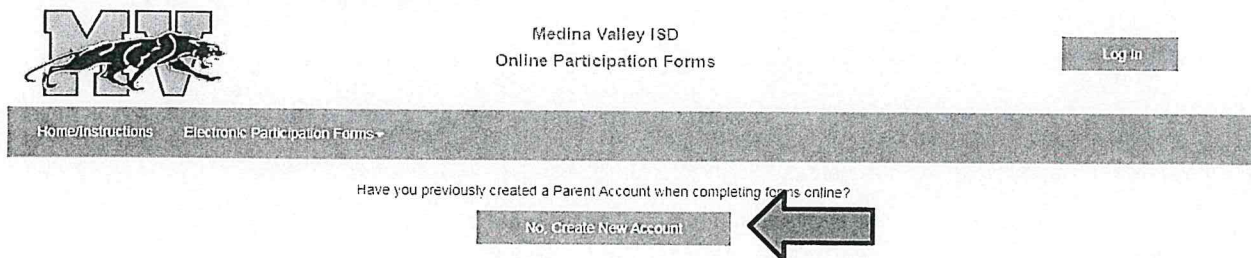
**\*\*Please follow the step-by-step instructions to fill out your child's University Interscholastic League (UIL) forms online. If you have any problems or questions please contact the district athletic trainers Randy Neuman or Monica Valdez at [athletic.training@mvisd.org](mailto:athletic.training@mvisd.org). Your child's physical is the only form that CAN NOT be submitted in Rank One. You can scan and e-mail the physical to the district athletic training account listed above. You may also turn the physical in to the athletic office at the panther dome.**

1. Input the following link into the URL bar exactly as shown. [Medinavalleyisd.rankonesport.com](https://medinavalleyisd.rankonesport.com) (there is no www before)



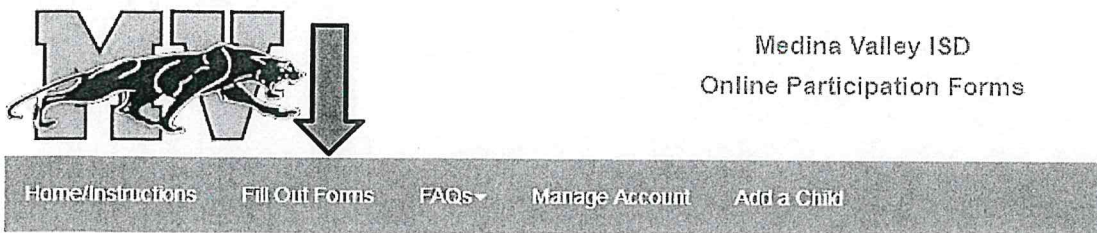
2. Scroll down to the bottom of the page and click "Start Online Forms"

3. Click on the "No, Create a New Account"



**\*\* This account is so that you can go in and update your child's information at any time.**

4. Enter your (Parents) information in the fields as well as create a password for returning log-ins and then click register.
5. Once you click Register an e-mail will automatically be sent to the e-mail you provided for confirm the e-mail address. Please look in your inbox and spam mail for an email sent by [noreply@rankonesports.com](mailto:noreply@rankonesports.com)
6. Click on the link provided in the e-mail to confirm your e-mail address.
7. Once your e-mail has been confirmed log in to your account and at the top click on the "Fill Out Forms" tab on the homepage.



Welcome to the Athletics Parent Portal.

FOR: Current/Prospective Medina Valley ISD Student-Athletes and Parents  
FROM: Randy Neuman, ATC, LAT, & Monica Valdez LAT, M. Ed.  
RE: Athletic Physicals for the 2018-2019 school year

8. On the right hand side of the page click on the "Click to view forms/status" link



Your Students

John Smith (Out of compliance)

[Click to view forms/status](#)

Your Students

John Smith (Out of compliance)

[Click to hide](#)

Paper Documents to be submitted to the athletic department

Physical

Incomplete

Electronic Documents to be submitted by the parent

Emergency Form

Approved

[Download PDF](#)

UIL Forms Signature Page

Approved

[Download PDF](#)

9. Click on the blue link "Emergency Forms". Fill out ALL boxes. If you are unable to provide the information please put N/A in the box. If all boxes are not filled out then you will NOT be able to submit your form. Then sign and submit.

**\*\*The students ID number must be 6 digits long, add 0's in front of your child's ID number until it equals 6 digits.(i.e: John Smith ID# 1234 will be ID# 001234)**

10. Once you have successfully submitted the Emergency Forms click on the blue link "UIL Signature Page". You can click on each of the forms so that you can read the information. Once you are done reading the information check the box next to it. All 5 forms must be read before you can check them.

UIL Forms Signature Page

Medina Valley ISD 2018/2019

### Pre Participation Forms

Please click on the links below to access the appropriate form. After reading the form, place a check in the box to acknowledge having read, understood, and accepted the information.

I have read and understand the information presented in the:

- 1. Acknowledgement of Rules
- 2. Concussion Acknowledgement Form
- 3. Parent/Student Steroid Agreement Form
- 4. Sudden Cardiac Arrest Awareness Form
- 5. Athletic Training room policies

11. Once you have read and checked all of the forms scroll down and read the important information about Athletic Insurance and check the acknowledgement boxes under them. If you currently have insurance please fill out the boxes below. **If you do not have any insurance please but N/A in all of the boxes.** It will NOT let you submit your form if all boxes are not filled out.

12. Select all the sports that your child would like to participate in. After both you and your child will need to sign in a box. Both signatures serve as an understanding of all of the UIL forms and Athletic Training Room Policies.

Once again if you have any problems or have a question please e-mail the district athletic trainers Randy Neuman & Monica Valdez at [athletic.training@mvisd.org](mailto:athletic.training@mvisd.org).