



Receipt# _____

Phys Date: ____/____/____

HUMBLE INDEPENDENT SCHOOL DISTRICT
UIL ATHLETIC PARTICIPATION FORM
2019-2020

Grade: _____ RECEIVED EKG

Person Completing Receipt: _____

A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT ATHLETE CAN PARTICIPATE IN ANY ATHLETIC ACTIVITY
This medical history form must be completed annually by parent/guardian. These questions are designed to determine if the student has developed any condition, which would make it hazardous to participate in an athletic event. Physicals for the 2019-20 school year must be performed on or after February 1, 2019 Physicals preformed before this date will not be accepted.

Last Name: _____ (legal) First Name: _____ (legal) MI: _____ Student ID: _____

Date of birth: ____/____/____ Grade (2019-20): _____ Age: _____ Gender: O male O female

School attending in 2018-19: _____ what sport(s): _____

Check all that apply O Epi Pen O Asthma O Requires Inhaler O Epilepsy O Sickle Cell O Heart Disease O Heart Condition Diabetes O Type I O Type II

O REQUIRED MED'S: _____

O Drug/Food Allergies: _____

Answer each question on an individual bases as it pertains to the ATHLETE. Enter a check for the appropriate response. 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?
2. Have you been hospitalized overnight in the past year?
3. Have you ever had surgery?
3. Have you ever had prior testing for the heart ordered by a physician?
4. Have you ever passed out during or after exercise?
4. Have you ever had chest pains during or after exercise?
5. Do you get tired more quickly than your friends do during exercise?
6. Have you ever had racing heart or skipped heartbeats?
7. Have you had or have had high blood pressure or high cholesterol?
8. Have you ever been told you have a heart murmur?
9. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?
10. Has any family member been diagnosed with enlarged heart hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?
11. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?
12. Has a physician ever denied or restricted your participation in sports for any heart related problems?
13. Have you ever had a head injury or concussion?
14. Have you ever been knocked out, become unconscious, or lost your memory?
15. If YES, how many times?
16. When was the last concussion?
17. How severe was each one?
18. Have you ever had a seizure?
19. Do you have frequent or severe headaches?
20. Have you ever had numbness or tingling in your arms, hands, legs, or feet?
21. Have you ever had a stinger, burner, or pinched nerve?
22. Are you missing any paired organs?
23. Are you under a doctor's care?
24. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?
25. Do you have any allergies?
26. Do you require an Epi Pen?
27. Have you ever become dizzy during or after exercise?
28. Do you have any current skin problems?
29. Have you ever become ill from exercising in the heat?
30. Have you ever had any problems with your eyes or vision?
31. Have you ever gotten unexpectedly short of breath with exercise?
32. Do you have asthma?
33. Is an inhaler required by your physician?
34. Do you have seasonal allergies that require medical treatment?
35. Do you use any special protective or corrective equipment of devices that aren't usually used for your sport or position?
36. Have you ever had a sprain, strain, or swelling after injury?
37. Have you broken or fractured any bones or dislocated any joints?
38. Have you had any problems with pain or swelling in muscles, tendons, bones, joints?
39. If yes, check appropriate box and explain below:
40. Do you want to weigh more or less than you do now?
41. Do you lose weight regularly to meet weight requirements for your sport?
42. Do you feel stressed out?
43. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?
44. Have you ever been diagnosed with diabetes?
45. Females Only:
46. When was your first menstrual period?
47. When was your most recent menstrual period?
48. How much time do you usually have from the start of one period to the start of another?
49. How many periods have you had in the last year?
50. What the longest time between periods in the last year?
51. Males Only:
52. Do you have two testicles?
53. Do you have any testicular swelling or masses?

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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

CURRENT 8TH AND INCOMING FRESHMAN ONLY
ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

These screenings will only be offered through Humble ISD on the physical dates for each high school listed on the bottom of the next page. If you wish to get an ECG, and are not able to make the dates and times listed, it will be the responsibility of the parent/guardian to get an ECG preformed and get results turned into the campus athletic trainers before the athlete will be allowed to tryout or participate.

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes with several different heart conditions that may contribute to sudden cardiac death. By signing below, you (parent/guardian) are either electing or declining an OPTIONAL ECG screen provided by the Humble ISD for your child. These screenings will be provided with help of Memorial Hermann Northeast Hospital. These screening will only be provided with cost of a regular physical done through each high school in Humble ISD. By electing to receive an ECG screen, you are acknowledging the limitations of an ECG screen and that sudden cardiac death is still possible, despite this screening. You will further acknowledge that students with an abnormal ECG screen will be required to perform further testing and/or a medical consultation prior to being released to resume participation for HISD activities. By your signature below, you hereby release and forever discharge, and waive, any and all claims against the Humble Independent School District, its employees, trustees, consultants and contractors that relate to the student's election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the ECG screen on behalf or that of my minor child.

I DECLINE and wish not to have my minor child to participate in the ECG screen

Child's Name Printed _____ Student's Signature _____ Date _____

Medical Examiner Section

Height _____ Weight _____ Pulse _____ BP _____/_____/_____ (_____/_____:_____/_____)

Vision: R -20/____ L-20/_____ Corrected: Y N Contacts / Glasses Pupils: Equal/Unequal

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 student's **MEDICAL HISTORY FORM** on the reverse side. * **Local district policy may require an annual physical exam.**

Medical	Normal	Abnormal	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 pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Musculoskeletal	Normal	Abnormal	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Clearance: *station-based examination only
 Cleared Cleared after completing evaluation/rehabilitation for: _____
 Not Cleared for: _____ Reason: _____

Recommendations: _____

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.

Physician's Signature: _____ Name: (print/type): _____

Date of Examination: _____ Address: _____ Phone Number: _____

MUST INCLUDE PHYSICIAN STAMP TO BE VALID

PHYSICIAN STAMP

Was an EKG Performed and Cleared

Yes: **Clearance Date** ____/____/____ **No:**

Doctors/ Clinician Signature: _____

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

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 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.

Release: In the event that the parents or legal guardians of the above named child cannot be contacted, I do hereby accept the emergency services of the team physician and/or the athletic trainer. 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 the said student

Parent Signature

Date

Please explain any YES answers in the area provided. Understand yes answers may require further medical evaluation, which may include a physical examination. _____

If you have any questions please contact the Athletic Trainer at your High School

Atascocita
Physical Date
 Tues, March 26th
 281-641-7681

Humble
Physical Date
 Wed, April 3rd
 281-641-6510

Kingwood
Physical Date
 Tues, April 30th
 281-641-7245

Kingwood Park
Physical Date
 Wed, April 17th
 281-641-6738

Summer Creek
Physical Date
 Tues, March 19th
 281-641-5441