## ATHLETICS

## HUMBLE INDEPENDENT SCHOOL DISTRICT UIL ATHLETIC/ACTIVITIES PARTICIPATION FORM





A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT CAN PARTICIPATE IN ANY UIL ATHLETIC EVENT OR ACTIVITY

This medical history form must be completed annually by parent/guardian. 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 2022-2023 school year must be performed on or after February 1, 2022 Physicals performed before this date will not be accepted.

Answer each question on an individual bases as it pertains to the STUDENT. Finter a check for the appropriate response. Gircle questions you don't know the answers to.  Yes No.  1. Have you had a medical filess or injury since your last check up or sports plysical?  2. Have you sever had surgery?  12. Have you ever bad severe had sheep problems with your eyes or vision?  13. Have you ever had surgery?  14. Have you ever bad spoof testing for the heart ordered by a physician?  14. Have you ever bad prote testing for the heart ordered by a physician?  14. Have you ever bad prote testing for the heart ordered by a physician?  15. Have you ever bad prote testing for the heart ordered by a physician?  16. Have you ever bad these pain during or after exercise?  17. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with the school nurse)  18. Have you ever bad the past with past or swelling in muscles, tendors, but a cardinary past, you ever bad a past murmary?  18. Have you had any problems with pain or swelling in muscles, tendors, bones, join?  18. Have you had a severe viral infection (for example myocarditis or monorouclosals) within the last month?  18. Have you had a severe viral infection (for example myocarditis or monorouclosals) within the last month?  18. Have you were been diagnosed with one testified your participation in sports for any heart eleted problems?  18. Have you were had a lead injury or concussion?  18. Have you ever been diagnosed with or treated for sicke cell trait or seke cell disease?  19. Have you ever been diagnosed with or treated for sicke cell trait or seke cell disease?  19. Have you ever been diagnosed with or treated for sicke cell trait or seke cell trait or seke cell trait or	athletic event. Phy	vsicals for the 2022-20	23 school year must be pe	rformed o	on or aft	er February 1, 2022 Physicals performed before this date will not be accepted.	
School attending in 2022-2023:	Last Name:		_ (legal) First Nan	ne:		(legal) MI: Student ID:	
School attending in 2022-2023:	Date of birth:	/	/ Gr	ade (20	22-23	): Age: Gender: O male O female	
Check all that apply O Epi Pen O Asthma O Requires Inhaler 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 permiss to the STUDENT. Enter a check for the appropriate response. Circle questions you don't know the answers to New Yes No. 1. How you had a medical allness or injury since your last check up or sports physicall?  1. How you were had a medical allness or injury since your last check up or sports physicall?  2. How you know the hospitalized overright in the past yea?  1. How you were had supery?  3. How you ever had supery?  3. How you ever had supery?  4. How you were had thest pasts during or after exercise?  4. How you were had thest pasts during or after exercise?  5. Do you girtuen the more quality that you freshed to during exercise?  6. How you were had hest pasts during or after exercise?  7. How you were had hest pasts during or after exercise?  8. How you were had hest pasts during or after exercise?  9. How you were had hest pasts during or after exercise?  1. How you had a severe viral during heart manural?  1. Have you had a severe viral infection (for example myocarditis or morounchous) where he heart manural?  1. Have you had a severe viral infection (for example myocarditis or morounchous) which the last morth?  1. Have you ever had a head highly not on the heart manural?  1. Have you ever had a head injury or concussion?  1. Have you ever had a head injury or concussion?  1. Have you ever had a head injury or concussion?  1. Have you ever had a head injury or concussion?  1. Have you ever had a head injury or concussion?  1. Have you ever had a seizure?  1. Have you ever had a large him the past year?  1. Have you ever had a seizure?  1. Have you ever had a seizure?  1. Have you ever had a seizure?  1. Have you the had seizer benefit or properties for your proproaches and explain below. Careful properties which have the propriate below the properties which have the propriate below the properties wh	School attending in 2022	2-2023:			wha	t activities(s):	
O REQUIRED MED'S: O Drug/Food Allergies  Answer each question on an individual bases as it pertains to the STUDENT. Enter a check for the appropriate response. Circle questions you don't know the answers to.  I. Have you had a medical fliness or injury since your last check up or sports hybroscal?  I. Have you had a medical fliness or injury since your last check up or sports hybroscal?  I. Have you had a medical fliness or injury since your last check up or sports hybroscal?  I. Have you ever had a sugger?  I. Have you ever had sugger ?  I. Have you ever had sever win high blood pressure or high cholestero?  I. Have you ever had sugger ?  I. Have you ever had sever win infection (for example myocarditis or moonnacleosis) with the last month?  I. Have you ever had sever win infection (for example myocarditis or moonnacleosis) with the last month?  I. Have you ever had a secure?  I. Have you ever had a singer, humer of elsew the deal injury or oncussion?  I. Have you ever had a singer, humer of elsew the problem of the wave of the secure had not now?  I. Have you ever had a singer, humer of elsew the had singus of with ellipse month?  I. Have you ever had a singer plant or prophelic month?  I. Have you ever had a singer plant or prophelic month?  I. Have you ever had a singer plant or prophel merce?  I. Have you ever had a singer plant or prophel							
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Answer each question on an individual bases as it pertains to the STUDENT. Enter a check for the appropriate response. Carde questions you don't know the answers to.  Yes No  12. Have you ad a medical illness or injury since your last check up or sports physical?  22. Have you been hospitalized overnight in the past year?  23. Have you ever had any problems with your eyes or vision?  24. Have you ever had surgery?  25. Have you ever had prior testing for the heart ordered by a physician?  26. Have you ever had prior testing for the heart ordered by a physician?  27. Have you ever had chest pans ditump or after exercise?  28. Have you ever had chest pans ditump or after exercise?  29. Have you ever had chest pans ditump or after exercise?  29. Have you ever had chest pans ditump or after exercise?  29. Have you ever had heard high blood pressure or high cholesterol?  29. Have you ever had nore quickly than your frends do during exercise?  29. Have you had or have had high blood pressure or high cholesterol?  29. Have you ever had a prain, strain, or swelling after injury?  29. Have you ever had been to did you have a heart murmura?  29. Have you ever had been diagnosed with enlarged heart hyperrorphic caudiomyopathy, long QT syndromes, or afford and the perturbing after injury?  29. Has any family member been diagnosed with enlarged heart hyperrorphic caudiomyopathy, long QT syndromes, or afford and the perturbing after injury?  29. Have you ever been diagnosed with enlarged heart hyperrorphic caudiomyopathy, long QT syndromes, or afford and the perturbing after injury?  29. Have you have not every heart elected problems or of sudden monomuleosisy within the last month?  20. Have you ever been diagnosed with or restriced your sport?  21. Have you were the day as a described your sport possible and part or peak in the last your sport?  21. Have you were the day have a described problems of the last of none period by the period possible problems of the last year?  21. Have you ever been diagnosed with or restriced		O Hear	t Disease	OΗ	leart (	condition <u>Diabetes</u> : O Type I O Type II	
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Answer each question on an individual bases as it pertains to the STUDENT. Finter a check for the appropriate response. Grade questions you don't know the answers to.  Yes No 1. Have you had a medical illness or injury since your last check up or sports physical?  1. Have you even bad surgery?  1. Have you ever had an problems with your eyes or vision?  1. Have you ever had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had prior testing for the heart ordered by a physician?  1. Have you even had neve question for the heart ordered by a physician?  1. Have you even had neve facility than your friends do during exercise?  1. Have you had chest pains during or after exercise?  1. Have you had on have had high blood pressure or high cholesterol?  1. Have you had or have had high blood pressure or high cholesterol?  1. Have you had or have had high blood pressure or high cholesterol?  1. Have you had or have had high blood pressure or high cholesterol?  1. Have you had or have had high blood pressure or high cholesterol?  1. Have you had a sprain, strain, or swelling after injury?  1. Have you even had a sprain, strain, or swelling in muscles, tendons, but a prior problems or distanced any joints?  1. Have you had any problems with pain or swelling in muscles, tendons, but a prior problems?  1. Have you had a severe will affection (for example myorarditis or problems or distanced any joints?  1. Have you even heart distanced with or treated for sickle cell trait or skell cells are pro	O Drug/Food Allergies:						
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Do you get tired more quickly than your friends do during exercise?  Have you ever had racing heart or skipped heartbeats?  Have you ever head racing heart or skipped heartbeats?  Have you had or have had high blood pressure or high cholesterol?  Have you had or have had high blood pressure or high cholesterol?  Have you had or have had high blood pressure or high cholesterol?  Have you had or have had high blood pressure or high cholesterol?  Have you have sheart murmur?  Has any family member or relative died of heart problems or of sudden  unexpected death before age 50??  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you horken or fractured any bones or dislocated any joints?  Have you ever been diagnosed with pain or swelling in muscles, tendons, bones, joints?  Heave you have reve and a server eving infection (for example myocarditis or monoucleosis) within the last month?  Have you ever been knocked out, become unconscious?  16. Do you want to weigh more or less than you do now?  17. Do you fest stressed out?  18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?  19. Have you ever been diagnosed with diabetes?  19. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?  19. When was your first menstrual period?  19. When was your first menstrual period?  19. When was your most recent menstrual period?  10. When was your most recent menstrual period?  10. When was your most recent menst			e?				
Have you had or have had high blood pressure or high cholesterol?  Have you ever been told you have a heart murmur?  Have you were rold you have a heart murmur?  Have you had my problems with pain or swelling after injury?  Have you had any problems with pain or swelling in muscles, tendons, bones, joints?  Have you had any problems with pain or swelling in muscles, tendons, bones, joints?  Have you had any problems with pain or swelling in muscles, tendons, bones, joints?  Have you had any problems with pain or swelling in muscles, tendons, bones, joints?  Have you had any problems with pain or swelling in muscles, tendons, bones, joints?  Have you had any problems with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling after injury?  Have you with pain or swelling after injury?  Have you bend any problems with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling in muscles, tendons, bones, joints?  Have you with pain or swelling in muscles, tendons, bones, joints?  Have you were had a sex with pain or swelling in muscles, tendons, bones, joints?  Head Elbow Hip Neck Thigh Back Wrist Knee Chest Hand Finger Ankle Foot Shoulder Shin/Calf Foream Upper Arm  Head Elbow Hip Neck Thigh Back Wrist Knee Chest Hand Finger Ankle Foot Shoulder Shin/Calf Foream Upper Arm  16. Do you were the diagnosed with or teated for sickle cell trait or sickle cell disease?  17. Do you feel stressed out?  18. Have you ever been diagnosed with or teated for sickle cell trait or sickle cell disease?  19. Have you ever been diagnosed with diabetes?  19. Have you ever been diagnosed with diabetes?  19. Have you ever been diagnosed with diabetes?  19. Have you ever been diagnosed with or teated for sickle cel	, , ,						
Have you ever been told you have a heart mummur? Has any family member or relative died of heart problems or of sudden unexpected death before age 509? Has any family member been diagnosed with enlarged heart hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart related problems?  4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? When was your last concussion? Have you ever had a seizure? Do you last concussion? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a singer, burner, or pinched nerve? Are you ever had a singer, burner, or pinched nerve? Are you under a doctor's care? What the longest time between periods in the last year? What the longest time between periods in the last year?  An eyou under a doctor's care? What the longest time between periods in the last year?  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 it is fire responsibility of my family to schedule and pay for such ECG.*(See Back for more Information)	Have you ever had racing heart or	r skipped heartbeats	:?			neck roll, foot orthotics, retainer for your teeth, hearing aid)?	
Have you ever been told you have a heart mummur? Has any family member or relative died of heart problems or of sudden unexpected death before age 509? Has any family member been diagnosed with enlarged heart hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart related problems?  4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? When was your last concussion? Have you ever had a seizure? Do you last concussion? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a singer, burner, or pinched nerve? Are you ever had a singer, burner, or pinched nerve? Are you under a doctor's care? What the longest time between periods in the last year? What the longest time between periods in the last year?  An eyou under a doctor's care? What the longest time between periods in the last year?  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 it is fire responsibility of my family to schedule and pay for such ECG.*(See Back for more Information)	Have you had or have had high bl	lood pressure or hig	h cholesterol?			15. Have you ever had a sprain, strain, or swelling after injury?	
bones, joints?    bones, joints?   bones, joints?   bones, joints?	Have you ever been told you have	e a heart murmur?				Have you broken or fractured any bones or dislocated any joints?	
Has any family member been diagnosed with enlarged heart hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart related problems? Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? How severe was each one? (Explain below) time missed, hospital visit, specialist Have you ever head a seizure? Do you have frequent or severe headaches? Have you ever had a unbness or tingling in your arms, hands, legs, or feet? Have you ever had a unbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve? 5. Are you under a doctor's care? Are you under a doctor's care? Are you under a doctor's care? On you have any allergies? (ex: to pollen, medicine, food, or stinging insects)  Do you have any allergies? (ex: to pollen, medicine, food, or stinging fungus, bilstes)  Have you ever become dizzy during or after exercise?  If yes, check appropriate box and explain below. Hip Neck Thigh Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Finger Ankle Protect Than Back Wrist Knee Chest Hand Fing	Has any family member or relative	e died of heart prob	olems or of sudden			Have you had any problems with pain or swelling in muscles, tendons,	
Head Elbow Hip Neck Thigh Back whith the last month?  Has a physician ever denied or restricted your participation in sports for any heart related problems?  4. Have you ever had a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever been knocked out, become unconscious, or lost your memory?  How severe was each one? (Explain below) time missed, hospital visit, specialist Have you ever head a seizure?  Do you have tract and a seizure?  Do you have sour ever head a seizure?  Do you have frequent or severe headaches?  Have you ever had a singer, burner, or pinched nerve?  Are you ever had a singer, burner, or pinched nerve?  Are you ever had a singer, burner, or pinched nerve?  Are you under a doctor's care?  Are you under a doctor's care?  Are you under a doctor's care?  Are you under and octor's care?  Are you under and participation in sports  Bryes Type I or Type II  How many periods have you had in the last year?  Are you under and octor's care?  What the longest time between periods in the last year?  Are you under and octor's care?  An electrocardiogram (EGG) 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.*(See Back for more Information)	unexpected death before age 50??					• /	
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Do you lose weight regularly to meet weight requirements for your sport?							
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10. Do you have any current skin problems? (ttching, rashes, acne, -warts, fungus, blisters)  of my family to schedule and pay for such ECG.*(See Back for more Information)							
	10. Do you have any current skin fungus, blisters)	problems? (itching	, rashes, acne, -warts,				,
	11. Have you ever become ill from	m exercising in the	heat?			Any YES answers should be explained in the area designated on the back of this	s page.

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 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.

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, and 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. 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

Student Signature	Parent Signature	Date

		Examiner Sec		
Height Weight	Pulse	BP	/ (/	:/)
Vision: R -20/ L-20/				
As a requirement, this Physical Examination Form mus	t be completed and	u. I IN	unior High and High School athlet	ic/activity participation. It
must be completed if there are yes answers	to specific question	ns on the stude	ent's MEDICAL HISTORY FORM or	the reverse side
Medical	Nor		Abnormal	Initial
Appearance	11011		110110111141	
Eyes/Ears/Nose/Throat				
Lymph Nodes	<del></del>			
Heart- Auscultation of the heart in the supine position.				
Heart - Auscultation of the heart in the standing position	)11			
Heart - Lower extremity pulses				
Pulses				
Lungs				
Abdomen				
Genitalia (males only)				
Skin				
Marfan's Stigmata (arachnodactyly, pectus excavatum, j	oint			
hypermobility, scoliosis)				
Musculoskeletal	Nor	mal	Abnormal	Initial
Neck				
Back				
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hand				
Hip/Thigh				
Knee				
Leg/Ankle				
Foot				
Clearance:			*ate	ation-based examination only
Cleared Cleared after completing evaluation/rehab	uilitation for			thon-based examination only
Not Cleared for:	Reason:			
Recommendations:				
			EAD OF CLEARING PHYSICIA	
The following information must be filled in and signe				
Examiners, a Registered Nurse recognized as an Adv				tor of Chiropractic.
Examination forms signed by any other health care p				
Physician's Signature:	Na	me: (print/typ	e):	
Date of Examination:Address:			Phone Numb	oer:
	ICLUDE PHYS	SICIAN STA	MP TO BE VALID	
<u>PHYSICIAN STAMP</u>			Physician/Clinician Signature	nature:
			<del></del>	<u>,                                    </u>
Must be completed before a student participation		e before durin	g or after school. (both in-season and	l out-of-season) or
index se completed selote a stadent participa		ches/competit		, out of season, or
	<del>-</del>	•		
· · · · · · · · · · · · · · · · · · ·			t your Athletic Trainer.	
Atascocita Humble		ingwood	Kingwood Park	Summer Creek
281-641-7681 281-641-6510	281	l-641-7245	281-641-6738	281-641-5441
Please explain any YES answers in the area provided. Und	anatand von anaryona	many many ina fiyat	hommodical avaluation, which may includ	lo a physical avamination
Flease explain any 1E5 answers in the area provided. Ond	erstand yes answers	may require furt	ner medicai evaidadon, which may incluc	ie a physicai examination.

<sup>\*\*</sup> Any student that chooses to receive an ECG must bring back written proof of clearance before a physical will be accepted allowing the student to participate in Humble ISD Athletics or Fine Arts (Band, Dance, Drill Team)\*\*