

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
Address _____ Phone _____
ID# _____ Grade Entering '18-'19 _____ School _____ Sport _____
Personal Physician _____ 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 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 prior testing for the heart ordered by a physician?
4. Have you ever had a head injury or concussion?
5. Are you missing any paired organs?
6. Are you under a doctor's care?
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
9. Have you ever been dizzy during or after exercise?
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
11. Have you ever become ill from exercising in the heat?
12. Have you had any problems with your eyes or vision?
13. Have you ever gotten unexpectedly short of breath with exercise?
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)?
15. Have you ever had a sprain, strain, or swelling after injury?
16. Do you want to weight more or less than you do now?
17. Do you feel stressed out?
18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?
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?

Females only

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

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
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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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