

STUDENT'S NAME (PRINT):

SPORT(S):

GENDER:

AGE:

DATE OF BIRTH:

PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION

The MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in TAPPS 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.

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Any "YES" answer to questions 1-28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians assistant, chiropractor, or nurse practitioner is required before any participation in TAPPS practices, games or matches.

9. Have you had a medical illness or injury since your last checkup or sports physical?

10. Have you been hospitalized overnight in the past year?

11. Have you ever had surgery?

12. Have you ever passed out during or after exercise?

13. Have you ever had chest pain during or after exercise?

14. Do you get tired more quickly than your friends during exercise?

15. Have you ever experienced racing of your heart or skipped heartbeats?

16. Have you ever had high blood pressure?

17. Have you ever had high cholesterol?

18. Have you ever been told you have a heart murmur?

19. Has any family member or relative died of heart problems before age 50?

20. Has any family member or relative died of sudden unexpected death before age 50?

21. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?

22. Has any family member been diagnosed with Hypertonic Cardiomyopathy?

23. Has any family member been diagnosed with Long QT Syndrome?

24. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?

25. Has any family member been diagnosed with Marfan's syndrome?

26. Have you had a severe viral infections (myocarditis, mononucleosis, etc.) in the past year?

27. Has a physician ever denied or restricted your participation in sports for any heart problem?

28. Have you ever had a head injury or concussion?

29. Have you ever had been knocked out, become unconscious or lost your memory?

30. Have you ever experienced a seizure?

31. Have you ever had numbness in your arms, hands, legs or feet?

32. Have you ever had a stinger, burner or pinched nerve?

33. Are you missing any paired organs?

34. Are you presently under a doctor's care?

35. Are you currently taking any prescription or nonprescription medications or inhalers?

36. Do you have any allergies?

37. Have you ever been dizzy before or during exercise?

38. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)?

39. Have you ever become ill after exercising or working in the heat?

40. Have you ever had any problems with your eyes or vision?

41. Have you ever gotten unexpectedly short of breath with exercise?

42. Do you have asthma?

43. Do you have seasonal allergies that require medical treatment?

44. Do you use any special protective or corrective equipment?

45. Have you ever had a sprain, strain, or swelling after injury?

46. Have you ever broken or fractured any bones?

47. Have you ever dislocated any joints?

48. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints?

YES

NO

If yes, please check the appropriate box and explain on separate sheet of paper.

Head Neck Back Chest Shoulder Upper Arm Elbow Forearm Wrist Hand Finger Hip Thigh Knee Foot Ankle Shin/Calf

49. Do you want to weigh more or less than you do now?

50. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities?

51. Do you feel stressed out?

52. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?

Females Only

1. When was your first menstrual period?

2. When was your most recent menstrual period?

3. How much time elapses from the start of one period to the start of another?

4. How many periods have you had in the last year?

5. What was the longest time between period in the last year?

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the Texas Association of Private and Parochial Schools, 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 illness, 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, TAPPS, and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, in 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 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 and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.

STUDENT SIGNATURE:

DATE:

PARENT/GUARDIAN NAME (PRINT):

PARENT SIGNATURE:

DATE:

HOME ADDRESS:

HOME PHONE:

SCHOOL:

PERSONAL PHYSICIAN:

PHYSICIAN PHONE:

In case of emergency contact

NAME:

RELATIONSHIP:

HOME PHONE:

CELL PHONE:

HEIGHT:

WEIGHT:

% OF BODY FAT:

PULSE:

BLOOD PRESSURE:

VISION R 20/

L 20/

CORRECTED:

Y

N

Pupils: EQUAL

UNEQUAL

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this PHYSICAL EXAMINATION FORM must be completed prior to high school athletic participation each year of high school.

MEDICAL

NORMAL

ABNORMAL FINDINGS

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

MUSCULOSKELETAL

NORMAL

ABNORMAL FINDINGS

INITIALS*

Neck

Back

Shoulder/Arm

Elbow/Forearm

Wrist/Hand

Hip/Thigh

Knee

Leg/Ankle

Foot

*station-based examination only

CLEARANCE (TO BE COMPLETED BY PROVIDER)

Cleared

Cleared after completing evaluation/rehabilitation for:

Not cleared for:

Reason:

Recommendations:

Provider Name:

Date of Examination:

Provider Signature:

Provider Address:

Provider Phone Number:

For school use only:

This Medical History Form reviewed by: NAME:

DATE: