

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

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 whether the student has developed any condition that would make it hazardous to participate in an athletic event.

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers on an additional sheet. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 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.

Form with 18 numbered questions and checkboxes for Yes/No. Includes a section for 'Females Only' with question 18 and a space to explain 'Yes' answers.

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 Houston Independent School District 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 physician, 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.

- To the parent: Check any activity this student should be excluded from. Includes checkboxes for Baseball, Basketball, Cross-Country, Football, Golf, Soccer, Softball, Swimming and Diving, Team Tennis, Tennis, Track and Field, Volleyball, and Wrestling.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Student Signature _____ Parent/Guardian Signature _____ Date _____