

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

7 K MEDICAL HISTORY FORM P X V WF E PHS G H M H I Y G E I S D O W R J X D L D Q Q G W X G H Q W R L K C H R V U K G B Q U F M S B D F H V L Y L K W H L V H V T X H V W H L G R Q W L D O H G L V Q R V B H W X I S B C H Y H O R S R I G G Z W L R R O X P O N H K D Y B X V S D L F M S I D O H D Q Q W

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In case of emergency, contact:

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Yes No Yes No
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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
6 W X G H O P V H S L Q W 3 D U H Q W G B L O Q D W X U H ' D W

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 physician, physician assistant, or nurse practitioner is required before any further participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY 75 < 287 PRACTICE, SCRIMMAGES (5) 250 \$ 1 & QONTEST 25 \* \$ 0 (BEFORE, DURING OR AFTER SCHOOL.

7 K U H G D F I D U W Y R U F Z D U H Y L H Z H S U Q V B P H ' D W 6 L J Q D W X U H

