

STUDENT NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ STUDENT ID # \_\_\_\_\_ SCHOOL (25-26) \_\_\_\_\_ GRADE (25-26): \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ ) Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal  
brachial blood pressure while sitting

## PREPARTICIPATION PHYSICAL EXAMINATION – MEDICAL HISTORY REVISED 2024

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to the participant in an event.  
Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

- Have you had a medical illness or injury since your last check up or physical? Yes ☐ No ☐
- Have you been hospitalized overnight in the past year? Yes ☐ No ☐  
Have you ever had surgery? Yes ☐ No ☐
- Have you ever had prior testing for the heart ordered by a physician? Yes ☐ No ☐  
Have you ever passed out during or after exercise? Yes ☐ No ☐  
Have you ever had chest pain during or after exercise? Yes ☐ No ☐  
Do you get tired more quickly than your friends do during exercise? Yes ☐ No ☐  
Have you ever had racing of your heart or skipped heartbeats? Yes ☐ No ☐  
Have you ever had high blood pressure or high cholesterol? Yes ☐ No ☐  
Have you ever been told you have a heart murmur? Yes ☐ No ☐  
Has any family member or relative died of heart problems of sudden unexpected death before age 50? Yes ☐ No ☐  
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? Yes ☐ No ☐  
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Yes ☐ No ☐  
Has a physician ever denied or restricted your participation in activities for any heart problems? Yes ☐ No ☐
- Have you ever had a head injury or concussion? Yes ☐ No ☐  
Have you ever been knocked out, become unconscious, or lost your memory? Yes ☐ No ☐  
If yes, how many times? \_\_\_\_\_ When was your last concussion? \_\_\_\_\_ How severe was each one? Explain below  
Have you ever had a seizure? Yes ☐ No ☐  
Do you have frequent or severe headaches? Yes ☐ No ☐  
Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes ☐ No ☐  
Have you ever had a stinger, burner, or pinched nerve? Yes ☐ No ☐
- Are you missing any paired organs? Yes ☐ No ☐
- Are you under a doctor's care? Yes ☐ No ☐
- Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Yes ☐ No ☐
- Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Yes ☐ No ☐
- Have you ever been dizzy during or after exercise? Yes ☐ No ☐
- Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Yes ☐ No ☐
- Have you ever become ill from exercising in the heat? Yes ☐ No ☐
- Have you had any problems with your eyes or vision? Yes ☐ No ☐
- Have you ever gotten unexpectedly short of breath with exercise? Yes ☐ No ☐  
Do you have asthma? Yes ☐ No ☐  
Do you have seasonal allergies that require medical treatment? Yes ☐ No ☐
- Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or activity (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? Yes ☐ No ☐
- Have you ever had a sprain, strain, or swelling after injury? Yes ☐ No ☐  
Have you broken or fractured any bones or dislocated any joints? Yes ☐ No ☐  
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes ☐ No ☐  
If yes, check appropriate box and explain below.  
☐ Head ☐ Elbow ☐ Hip ☐ Neck ☐ Forearm ☐ Thigh ☐ Back ☐ Wrist ☐ Knee ☐ Chest  
☐ Hand ☐ Shin/Calf ☐ Shoulder ☐ Finger ☐ Ankle ☐ Upper Arm ☐ Foot
- Do you want to weigh more or less than you do now? Yes ☐ No ☐
- Do you feel stressed out? Yes ☐ No ☐
- Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease. Yes ☐ No ☐

## Females Only:

- ☐ I choose not to provide written information on question 19 but will discuss with a medical professional
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? \_\_\_\_\_ How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_ What was the longest time between periods in the last year? \_\_\_\_\_

## Males Only:

- ☐ I choose not to provide written information on question 19 but will discuss with a medical professional
20. Are you missing a testicle? \_\_\_\_\_ 21. Do you have any testicular swelling or masses? \_\_\_\_\_
- ☐ An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening in the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG

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

It is understood that even though protective equipment is worn by athletes, 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 participation, 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: X Parent/Guardian Signature: X

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, SCRAMMAGE, PERFORMANCE, OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

## PREPARTICIPATION PHYSICAL EVALUATION -PHYSICAL EXAMINATION

As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side.  
\* Local district policy may require an annual physical exam.

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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

## CLEARANCE (TO BE COMPLETED BY PHYSICIAN)

☐ CLEARED☐ CLEARED AFTER completing evaluation/rehabilitation for:☐ NOT CLEARED for:

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ must be dated on or after April 30, 2025

Must be completed before a student participates in any practice, before, during, or after school, (both in-season and out-of-season) or performance/games/matches.

## \*\*\*\*FINAL STEP\*\*\*\*

Submit this completed physical form online and complete all other required electronic forms at [georgetownisd.rankone.com](http://georgetownisd.rankone.com)

If you are experiencing any difficulties submitting the completed physical form online, please submit this form to the following:

EVHS/TMS/WMS STUDENTS EMAIL FORM TO [EVHSTRainers@GEORGETOWNISD.ORG](mailto:EVHSTRainers@GEORGETOWNISD.ORG)GHS/BMS/FMS STUDENTS EMAIL FORM TO [GHSTRainers@GEORGETOWNISD.ORG](mailto:GHSTRainers@GEORGETOWNISD.ORG)

IF SUBMITTING PHYSICAL VIA EMAIL, THE REMAINING ELECTRONIC FORMS WILL STILL NEED TO BE SUBMITTED AT [GEORGETOWNISD.RANKONE.COM](http://GEORGETOWNISD.RANKONE.COM)

# EVHS, Tippit, Wagner Extracurricular Physicals

## Athletics, Fine Arts, ROTC, and HOSA (grades 7-12)

**When:** WEDNESDAY, MAY 14, 2025 beginning at 4:00 PM. The registration deadline is May 7, 2025. Students who do not register can still attend physicals.

**Where:** East View High School's main gym, located at 4490 E University. Students will enter at the main entrance to the gym. Parents will wait for students in their vehicles or in the Parent waiting area in the gym foyer. Staff will be available to help if a student needs assistance.

**Time:** Physical Schedule  
3:00 PM HS Girls and athletes with the 8<sup>th</sup> period as an off period begin the Check-In process  
4:00 PM All other HS athletics begin the check-in process  
5:00 PM Middle School students arrive and begin Check-In (Bus available from MS to HS)  
6:00 PM Any students wishing to receive a physical who was not able to check in at times above

**Cost:** \$20 per student with a family cap of \$35. Family cap extends to immediate family only (brothers/sisters)

### Sign-Up and Payment:

#### Online Sign-up (PREFERRED)

You may sign up and pay online before May 7, 2024.



<https://gisd.payments.school/51425-2025-2026-school-year-evhs-tippit-and-wagner-extracurricular-physical-registration-#>

#### On-Campus Sign-up:

To register, take **completed and signed** medical history and payment to the following locations, and your name will be added to the registration list:

Middle Schools: Take \$20 or \$35 (family cap) cash. to your Coordinator by May 7, 2025.

EVHS: Take \$20 or \$35 (family cap) cash to the Athletic Training Room by May 7, 2025.

NO Checks

#### Walk-Ins:

Bring your **completed** Medical History signed by a parent, and \$20 or \$35 (family cap) CASH ONLY

#### Refunds:

**There will be NO REFUNDS**

**Electronic Form Information:** All online forms can be found at [georgetownisd.rankonesport.com](http://georgetownisd.rankonesport.com)

**\*All forms will be available to complete on April 30th, 2025\***

##### 1. UIL Medical History Form

This form must be completed online.

##### 2. Catastrophic Insurance Fee (\$8 – All Sports)

*This is a separate fee and will be paid online under the Catastrophic Insurance tab.* We will accept cash or a check made out to GISD Athletics on the day of the physicals only. This is a required fee. There is no paperwork for this.

##### 3. GISD Online Physical Athletic Paperwork

Contains all of the UIL and GISD waivers and forms. All must be completed online.

**Copies:** Copies of the physicals done before the end of school, will be available to download and print from your Rank One parent/guardian account after June 1, 2025.

Please contact the EVHS Athletic Trainers should you have any questions or concerns.

Angel Rios - 512-943-1800 x 8122

Corie Cerda - 512-943-1800 x8109

[evhstrainers@georgetownisd.org](mailto:evhstrainers@georgetownisd.org)