Wimberley ISD
Athletic Physicals
Sports Registration Requirement

Dear Parents,

Wimberley ISD is sharing this information with you in preparation for the next athletic calendar year. As in previous years, required athletic paperwork is given to our student-athletes in the semester prior to the beginning of the athletic calendar year. This is done to make the beginning of the school year easier, and ensure that none of our athletes miss practice or competition events. This year we will be handing out the paperwork in May. All forms ***(except the UIL Preparticipation-Physical examination (PPE) and Medical History Form)*** must be submitted online to the athletic department prior to participation in **any** UIL Athletic event, including practice.

This year, we are trying things differently. We are putting the ***UIL Acknowledgement of Rules Form, UIL Illegal Steroid Parent and Student Notification/Agreement Form, UIL Concussion Acknowledgement Form, and the Sudden Cardiac Arrest Awareness Form*** online.

We will be using RankOne to handle all of these forms. You will find an instruction sheet on how to create an account and fill out the necessary forms for the next athletic school year. Here is the link to their website: https://rankone.com/ Please read the instruction sheet that is in this packet to learn how to create an account.

The only forms that will be given out in paper form will be the ***UIL Preparticipation-Physical Examination (PPE) and Medical History Form.*** These forms will be attached to this packet. You can also download these forms on the parent athlete portal when you create your account with RankOne. **All forms will have to be uploaded into the student-athlete online portal.** You can turn in a paper copy if you wish. If you need assistance in doing this, please reach out to Coach Dusek.

You can also contact your child's coach at their respective school. The Athletic Forms Packet will also be on the school district website at https://www.wimberleyisd.net/physicals.

The last option is to email the WISD Athletic Trainer Brandon Dusek at brandon.dusek@wimberleyisd.net and he can email these forms directly to you. He can also be contacted at 512-847-3211, extension 3203.

Under UIL rules, **all** athletic paperwork is due prior to any practice, game/scrimmage. **All forms this year will have to be uploaded into the student-athlete's RankOne account.** If you wish, you may email any athletic paperwork to Coach Dusek at brandon.dusek@wimberleyisd.net or turn it in at the Fieldhouse or WHS if you are going to be at Wimberley High School. If you are going to be a 7th or 8th grader, please drop your packet off at Danforth Jr. High.

Thank you,

Wimberley ISD Athletic Department

Wimberley ISD Sports Physicals

When: May ??, 2027

Where: Wimberley High School Gym

Doors Open: 3:30pm – 4:30

Who: All incoming 7th, 9th, & 11th graders.
(Current 6th, 8th, & 10th graders)

Cost: $30.00 – Physical
If paying by check, please make check payable to: **WHS**
Please include Drivers License number and a phone number Venmo and/or CashApp will NOT be accepted

To expedite the evening, we ask that all paperwork be filled out ahead of time. This will speed up the process and prevent delays. **All** medical release, medical history, medical emergency, and acknowledgement of rules forms **must** be completed before a sports physical can be performed. We also ask that you dress appropriately by wearing t-shirt and shorts. A paper copy can be obtained from your student/athletes sport coach beginning April 30, 2026. If you have any questions please contact Brandon Dusek, Athletic Trainer, at 512-847-3211, Ext. 3203.

Frequently Asked Questions
About Sports Physicals and Athletic Paperwork

Does my child have to have a physical every year in the Wimberley ISD (WISD)?

No, under UIL requirements, a physical examination form must be completed prior to junior high participation and again prior to first and third years of high school athletic participation. It must be completed if there are "yes" answers to specific questions on the student MEDICAL HISTORY FORM. Local policy can be adopted to require an annual physical, but that is not a requirement in WISD.

How long does a sports physical remain active?

A sports physical must be done before the student-athletes' 7th grade, 9th grade, and 11th grade years. Basically, every 2 years. However, if a student-athlete answers "yes" to specific questions on the MEDICAL HISTORY FORM, the student-athlete may be required to obtain another sports physical.

Must all paperwork be signed and returned for participation in UIL athletics?

Yes.

Where can I find the appropriate forms and/or paperwork?

This year, the forms will be online. Please go to: https://rankone.com/ to create an account and fill out the annual forms.

You can contact your child's coach at their respective school. You can also visit the school district website at https://www.wimberleyisd.net/physicals. From there you can download the Athletic Forms Packet.

The last option is to email the WISD Athletic Trainer Brandon Dusek at brandon.dusek@wimberleyisd.net and he can email these forms directly to you. He can also be contacted at 512-847-3211, extension 3203.

Will Wimberley ISD be hosting a sports physical clinic this year?

Yes! There was an event held on May ??, 2027 at 3:30 p.m. in Texan Gym.

Where can we go to get a sports physical?

You can come to the Sports Physical date in May at Texan Gym. If you cannot attend, please contact your child's primary care provider or a physician of your choice that can perform a sports physical. If you do not have a primary care provider, you can go to urgent care clinics such as: CareNow Urgent Care in San Marcos or Live Oak/CHRISTUS Trinity walk-in clinic in San Marcos. Also attached to this packet is a list of facilities who have given us information on where to go and get a sports physical. You can reach out to these providers and schedule an appointment with them.

When is the athletic paperwork due?

Under UIL rules, all athletic paperwork is due prior to any practice, game/scrimmage. It is the parents and student-athlete's responsibility to make sure an account is created with RankOne. This year, all paperwork must be done online. No paper copies will be accepted at the school(s).

The list of sports physical providers below is being provided as a resource only and is not an exhaustive list. WISD is not a partner with the following clinics. Cost for a sports physical can range from $25 up to $50. We recommend that you contact the facility of your choosing before going:

St. David's Care Now Urgent Care Facility
155 Wonder World Drive
San Marcos, Tx 78666
Open from 8am-8pm Monday-Friday
9am-5pm Saturday
Phone: 512-738-8334

Live Oak Walk-in Clinic/CHRISTUS Trinity Clinic
1920 Corporate Dr., Suite 208
San Marcos, Tx 78666
Open from 8am-7pm Monday-Friday
10am-2pm Saturday
Phone: 512-396-3911

CareNow Urgent Care
301 North Guadalupe Street, Suite 144
San Marcos, Tx 78666
Open from 8am-8pm Monday-Friday
8am-7pm Saturday
8am-5pm Sunday
Phone: 512-960-0288

Premier ER & Urgent Care
1509 N. Interstate 35
San Marcos, Tx 78666
Urgent care open 7am-9pm
Phone: 512-648-3188

Lewis Family Medical and Urgent Care
13830 Sawyer Ranch Road 100-102
Dripping Springs, Tx 78620
Open from 8am-8pm Monday-Friday
8am-2pm Saturday
9am-1pm Sunday
Phone: 512-301-640

WIMBERLEY ISD ATHLETICS

RankOne Parent Instructions

Athletic Participation Requirements

Welcome to Wimberley ISD Athletics

To ensure your student-athlete is eligible to participate in UIL athletics, all required RankOne forms and the annual physical must be completed before participation in practices, workouts, or competitions.

Please complete the following steps carefully.

Step 1 – Log In to https://rankone.com/

1. Visit the **Wimberley ISD RankOne Parent Portal**.
2. Click **Parents Click Here**.
3. Sign in using your existing account or create a new Parent Account.
4. Select your student-athlete by their Student ID
5. Under Student Profile
    1. Click + add student
    2. Enter Last name and Student ID Number
    3. Select Sports Activities that your Student participates in

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Step 2 – Complete Required Electronic Forms

Complete each required electronic form.

Required forms typically include:

- Medical History
- UIL Signature Page
- Emergency Contact Information
- Concussion Acknowledgement
- Sudden Cardiac Arrest Awareness
- Steroid Acknowledgement
- Any additional Wimberley ISD required forms

Every required form must show "Completed" before your student can be cleared.

Step 3 – Upload the UIL Physical

Select **Physical Upload Form** and upload:

- A completed UIL Preparticipation Physical Evaluation
  - Physical Examination Form
  - Medical History Form
- Signed by both the physician and parent/guardian
- Dated for the current athletic school year

Accepted file types include:

- PDF
- JPG
- PNG

Please ensure the document is clear and legible.

Step 4 – Submit All Forms

After completing every form: Physical Examination and Medical History Form

- Review your submissions.
- Click **Submit** where required.
- Verify every form displays **Completed**.

Step 5 – Athletic Department Review

The Wimberley ISD Athletic Training Staff will review submitted documentation.

Your student-athlete is **NOT eligible** until:

✓ All required forms are completed

✓ Physical has been reviewed

✓ All required approvals have been completed

Check Your Status

Parents may return to RankOne anytime to monitor:

- Form Completion Status
- Physical Upload Status
- Missing Requirements
- Approval Status

Common Reasons Students Remain Ineligible

- Physical not uploaded
- Physical is expired
- Missing parent or student signatures
- Required electronic forms not completed
- Incorrect document uploaded
- Submission not finalized

Need Assistance?

Wimberley ISD Athletic Training Department

Email: Brandon.dusek@wimberleyisd.net

Phone: 512-847-3211 (Ext. 3203)

Athletics Website: https://www.wimberleyisd.net/departments1/athletics/sports-physicals

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Important Reminder

Students **may not participate** in athletics until all RankOne requirements have been completed and approved by Wimberley ISD Athletics.

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2020

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 participate in an event.

Student's Name: (print) _____ 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 in the box below**. Circle questions you don't know the answers to.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____		
	When was your last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
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?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity 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?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	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	

16.	Do you want to weigh 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 sickle cell disease?	☐	☐

Females Only

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? _____

Males Only

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

☐ An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about 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: _____ 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, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

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

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

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.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
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			
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

☐ 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) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

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.