2016 -2017 FISD/UIL CERTIFICATE FOR ATHLETICS/ACTIVITIES INSTRUCTIONS PAGE 1

(Last)		(First)				(Middle)
Date of Birth	/	/	_ Age	Sex M	F	
2016/2017 Grade Lev	el		Year of C	Graduation_		

PLEASE READ AND FOLLOW ALL INSTRUCTIONS PLEASE TURN IN ALL FORMS IN THE PACKET AS SOON AS THEY ARE COMPLETED

All pages of this packet are to be completely filled out (all student and parent signatures are required) by all athletes grades 7-12 regardless of sport or level.

Please print legibly and use BLUE or BLACK ink.

Physicals done prior to May 14, 2016 will not be accepted as this physical is to clear your son or daughter for participation in athletics for the 2016-20167school year.

All original forms for athletes grade 7-12 are to be turned in to the FHS High School Athletic Training Room.

Fax copies of these forms will not be accepted.

Packets from previous school years will not be accepted.

Shot records are NOT to be turned in with this packet.

If you are new to FISD, you may be required to complete a Previous Athletic Participation Form (PAPF). Please contact the athletic director's secretary for more information.

It is highly recommended that you keep a copy of this form for your records.

All pages of this packet must be on file in the Friendswood High School Athletic Training Room before any athlete grade 7-12 is allowed to participate in any practice session (in-season or out-of-season), tryout, scrimmage, game or match, including Athletic Periods.

To avoid lost or misplaced forms and to ensure delivery to the proper location, please return the completed packet to the FHS Athletic Trainers only.

If this packet is not returned to the FHS Athletic Training Room, FISD and the FHS Sports Medicine Program will not be responsible for lost or misplaced forms. You will be required to fill out a new form and obtain a new physical at your expense.

Packets may be dropped off at the Athletic Training Room, located in The Walter Wilson Field House at the High School (where the basketball games are played).

Or original packets may be mailed to:

THE FRIENDSWOOD HIGH SCHOOL ATHLETIC TRAINING ROOM 702 GREENBRIAR FRIENDSWOOD, TX 77546

If you have questions, please contact us at athletic trainers @fisdk12.net or 281-996-6553.

2015-2016 FISD/UIL CERTIFICATE FOR ATHLETICS/ACTIVITIES DEMOGRAPHIC INFORMATION -PAGE 2

Student's Name					
D (CD: 4	(Last)	,	(First)	G M E	(Middle)
Date of Birth	/	/	Age	Sex M F	Grade
Current Address					
	(Street)		(City)	(State)	(Zip Code)
Parent/Guardian #1					
Parent/Guardian Emai	1				
Parent/Guardian #2		G II DI		W. 1 DI	
Home Phone		Cell Phone		Work Phone	
r archiv Guardian Emai	1				
E	MERGENC			N PARENT/GUAI	RDIAN
			OVER 18 YEA	ARS OLD	
Emergency Contact					
Home Phone		Work Phone		Cell Phone_	
List Any Current Med	ıcatıons				
Any Other Medical Co	oncerns				
Physician			CE INFORM		Phone
		INSURAN	CE INFORM	ATION	
available in a flyer, which Primary Health Insura Phone	nce Company_				
Is your son/daughter c					
•		-	UARDIAN C	ONSENT	
I hereby give my cons	ent for the above	ve student to compe	ete in University l	Interscholastic League ap	oproved sports, and travel
with the coach or othe					
					ne possibility of an accident onsibility in case an accident
occurs.					
son/daughter will abid	e by all of the	University Interscho	olastic League rul		,
student.	-				e school to the above named
					nd treatment as a result of
					nay be given to said student
					by agree to indemnify and
	•	ool representative i	from any claim by	any person whomsoeve	er on account of such care
and treatment of said s		T.C 3.4	1 1 1 1 1 1	1 6	
	rent/guardian.	I understand that fa	ilure to provide a	and safety issues included accurate and truthful info	ding concussions and my rmation on UIL forms
3			•	/athletics/manuals or at	myfisdk12 net
Your signature below	gives authoriza	tion that is necessa	ry for the school	district, its licensed athle	
your student		-		-	
Student Signature_					Date
Parant Signatura					Doto

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS/ACTIVITIES ATHLETIC TRAINING ROOM INFORMATION –PAGE 3

REPORTING INJURIES

All athletes are required to report all injuries and illness to the staff athletic trainers immediately.

All injured athletes are required to attend practice after the completion of their treatment and/or rehabilitation with the staff athletic trainers

Athletes that are also seeing a physical therapist will be required to attend treatments.

DOCTOR'S NOTES/PHYSICIAN'S VISITS

An athlete that is referred to a healthcare provider, or chooses to see one on his/her own, must provide a written doctor's note – that includes diagnosis, treatment needed special instructions, ability to participate and any restrictions or limitations- to the athletic training staff before they are allowed to practice or participate. Information and instructions provided in the doctor's note will be the ones followed until another note is obtained from the physician. If an athlete fails to provide a doctor's note, that athlete will not be allowed to participate until a note is provided to the athletic training staff. Examples of healthcare providers include; physician, doctor, chiropractor, nurse practitioner, physician assistant.

STUDENT ATHLETIC ACCIDENT INSURANCE

FISD will not provide medical insurance for students that participate in interscholastic athletics.

PREVENTATIVE ANKLE AND WRIST TAPING

Any non-injured athlete that would like to be taped for games and practices in order to prevent injury, will be required to perform strengthening exercises three times a week during the normal operating hours of the athletic training room. Failure to comply with this will result in the athlete not being taped.

No athlete is allowed to tape themselves or to be taped by any person other than the FHS Staff Athletic Trainers, unless other arrangements have been by the FHS Athletic Training Staff.

MORNING TREATMENTS

Morning treatments will be held Monday –Friday throughout the entire school year, with the exception of the following school holidays – Thanksgiving Break, Christmas Break, Easter, and Spring Break.

During the above holidays, a schedule of operating hours will be posted on the doors to the athletic training room and all coaches will be notified and asked to relay that information to their athletes. It is the athlete's responsibility to know the operating hours of the athletic training room.

If an injured athlete fails to show up for morning treatments without notifying the staff athletic trainers,

their coach will be notified and that athlete may be required to report to the training room during their athletic period and remain there until they have completed their treatments.

Seniors with off-campus first period will not be allowed to attend treatments during that time.

MORNING TREATMENT HOURS

AUGUST-OCTOBER

6:30 AM

ANY HIGH SCHOOL OR JUNIOR HIGH ATHLETE WHO'S PRACTICES START BEFORE OR AT 7 AM

7:00 AM - 7:40 AM

ALL OTHER HIGH SCHOOL OR JUNIOR HIGH ATHLETES EVEN IF THEIR SPORT IS NOT INSEASON OR THEIR TEAM IS NOT PRACTICING THAT DAY. PLEASE NOTE THAT THERE MAY BE DAYS WHEN THE TRAINING ROOM WILL CLOSE AT 7:30 AM DUE TO MEETINGS THAT THE STAFF ATHLETIC TRAINERS ARE REQUIRED TO ATTEND.

$\frac{NOVEMBER-MAY}{7:00~AM-7:40~AM}$

ALL HIGH SCHOOL OR JUNIOR HIGH ATHLETES EVEN IF THEIR SPORT IS NOT INSEASON OR THEIR TEAM IS NOT PRACTICING THAT DAY. PLEASE NOTE THAT THERE MAY BE DAYS WHEN THE TRAINING ROOM WILL CLOSE AT 7:30 AM DUE TO MEETINGS THAT THE STAFF ATHLETIC TRAINERS ARE REQUIRED TO ATTEND.

ACADEMIC DAY

Athletes are not allowed to miss any class, including any student aide periods, to see the athletic trainers, unless instructed by the staff athletic trainers

ATHLETIC PERIODS

All injured athletes will be required to see the staff athletic trainers prior to reporting to practice.

CONTINUATION OF

TREAMENTS/REAHABILITATION

All injured athletes will be required to attend treatments until released from the athletic training room by the staff athletic trainers.

SUMMER HOURS

The athletic training room will not be open during summer vacation.

ENERGY DRINKS

Per school policy, all types of energy drinks are not allowed on campus at any time.

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS/ATHLETICS SPORTSMANSHIP/PARENT EXPECTATIONS-PAGE 4

At FISD, we believe that parents and participants involved in athletics and extracurricular activities should demonstrate high standards of ethics and sportsmanship and promote the development of good character. We believe that this exemplary behavior should be exhibited by all players, parents and spectators by remembering

- 1. That athletics and extracurricular activities are an extension of the classroom and provide a valuable learning experience for our students
- 2. To be a positive role model by demonstrating good sportsmanship by giving positive support to players, coaches, officials, and spectators at every game, practice or sporting event.
- 3. That our coaches are professionals and will treat kids fairly and will make decisions that are in the best interest of all that are participating.
- 4. That a ticket to a game/event/contest is ticket to observe and support all participants, coaches and officials involved.
- 5. That our coaches are willing to discuss any concern or issue you have at an appropriate time and place which may **NOT** be immediately at the end of a game/contest/event or practice.
- 6. To be a proper role model for our students in your words, actions and attitudes toward all involved in athletics and extracurricular activities.
- 7. More information on sportsmanship/parent expectations can be found at
 - a. The UIL Sportsmanship Information Manual
 http://www.uiltexas.org/files/athletics/manuals/sportsmanship-manual.pdf
 - b. The UIL Parent Information Manual http://www.uiltexas.org/files/athletics/manuals/Parent_Info_Manual_13-14.pdf
 - c. NFSH "The Role of Parents In Sports Course" www.nfhslearn.com

Student Signature	Date
Parent Signature	Date

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS/ACTIVITES ACKNOWLEDGEMENT OF RULES- PAGE 5

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes..

HELMET DISCLAIMER

Warning: no football, baseball, or softball helmet can prevent all head and neck injuries a player might receive while participating in their sport. Do not use the helmet to butt, ram or spear an opposing player. This is a violation of the rules and may result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

ACKOWLEDGEMENT OF RULES

I have been provided the UIL Parent Manual regarding health and safety issues and my responsibility as a parent/guardian. This manual may be accessed at http://www.uiltexas.org/athletics/manuals or at myfisdk12.net. I have read and understood The Friendswood Independent School District's Certificate for Athletics. By signing, I agree to abide by all rules as set forth by the Friendswood Independent School District's Sports Medicine Department. I understand that failure to provide accurate and truthful information could subject to penalties determined by UIL and FISD.

Student Signature	Date
Parent Signature	Date

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS HAZING NOTICE – PAGE 6

Friendswood ISD, Friendswood Junior High and Friendswood High School clubs and organizations including Athletic Teams, Band, Cheerleaders, and Wranglerettes, do not condone, sanction or otherwise support or allow hazing, harassment or initiations (including shaving heads or cutting hair). This applies to all Friendswood Junior High and High School students including those entering the 7th Grade. This policy is in effect for 365 days a year.

School Board Policy and Texas State Law defines "hazing" as any intentional, knowing, or reckless act occurring on or off the campus of an educational institution directed against a student, by one person alone or acting with others, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, holding office in, or maintaining membership in any organization whose members are or include other students.

Personal Hazing Offense

A person commits an offense on or off school property if the person:

- 1. Engages in hazing:
- 2. Solicits, encourages, directs, aids, or attempts to aid another in engaging in hazing;
- 3. Intentionally, knowingly, or recklessly permits hazing to occur;
- 4. Or has firsthand knowledge of the planning of a specific hazing incident involving a student in an educational institution, or first-hand knowledge that a specific hazing incident has occurred, and knowingly fails to report said knowledge in writing to an administrator, coach, or sponsor.

Sec 4.45 Consent Not A Defense

It is not a defense to the prosecution for the offense under this subchapter that the person against whom the hazing was directed consented to or acquiesced in the hazing activity.

Violation of hazing and depending on the seriousness of the offense, students will be punished. The consequences may include possible suspension or removal from the team or organization

Date		
Date		

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS PARENT AND STUDENT AGREEMENT/ACKNOWLEDGEMENT FORM ANABOLIC STEROID USE AND RANDOM STEROID TESTINGPAGE 7

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Signature:	Date:
PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEM	ENT
As a prerequisite to participation by my student in UIL athletic activities, I have read this form and understand that my student must refrain from anaboasked to submit to testing for the presence of anabolic steroids in his/her bosubmit my child to such testing and analysis by a certified laboratory. I furt the results of the steroid testing may be provided to certain individuals in maspecified in the UIL Anabolic Steroid Testing Program Protocol which is as www.uiltexas.org . I understand and agree that the results of steroid testing the extent required by law. I understand that failure to provide accurate and subject my student to penalties as determined by UIL.	olic steroid use and may be dy. I do hereby agree to her understand and agree that sy student's high school as vailable on the UIL website at will be held confidential to
Name (Print):	
Signature:	Date:
Relationship to student:	

Student Name (Print): Grade (9-12)

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS CONCUSSION ACKNOWLEDGEMENT FORM -PAGE 8

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student 's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
- (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
- (B) have provided the treating physician 's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and (C) have signed a consent form indicating that the person signing:
- (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
- (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
- (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
- (iv) understands the immunity provisions under Section 38.159.

Student Signature	Date
Parent Signature	Date
8	

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS SUDDEN CARDIAC ARREST AWARENESS FORM-PAGE 9

What is Sudden Cardiac Arrest?
Occurs suddenly and often without warning.

An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.

The heart cannot pump blood to the brain, lungs and other organs of the body.

The person loses consciousness (passes out) and has no pulse.

Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Conditions present at birth

Inherited (passed on from parents/relatives) conditions of the heart muscle:

- ♦ Hypertrophic Cardiomyopathy hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
- ◆ Arrhythmogenic Right Ventricular Cardiomyopathy replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
- ♦ Marfan Syndrome a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions of the electrical system:

- ♦ Long QT Syndrome abnormality in the ion channels (electrical system) of the heart.
- ♦ Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome- other types of electrical abnormalities that are rare but run in families.

NonInherited (not passed on from the family, but still present at birth) conditions:

♦ Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle.

The second most common cause of sudden cardiac arrest in athletes in the U.S.

- ◆ Aortic valve abnormalities failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
- ♦ Non-compaction Cardiomyopathy a condition where the heart muscle does not develop normally.
- ♦ Wolff-Parkinson-White Syndrome an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

- ◆ Commotio Cordis concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
- ♦ Myocarditis infection/inflammation of the heart, usually caused by a virus.
- ♦ Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

Fainting/blackouts (especially during exercise)

Dizziness

Unusual fatigue/weakness

Chest pain

Shortness of breath

Nausea/vomiting

Palpitations (heart is beating unusually fast or skipping beats)

Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

CALL 911

Begin CPR

Use an Automated External Defibrillator (AED)

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.

The UIL Pre-Participation Physical Evaluation Medical History form includes ALL 12 of these important cardiac elements and is mandatory annually.

Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory. FISD OFFERS ECHOCARDIOGRAMS

Where can one find information on additional screening?

Friendswood Athletic Staff – 281-996-6553 or Check the Health & Safety page of the UIL we Arrest".	r <u>athletictrainers@fisdk12.net</u> ebsite (<u>http://www.uiltexas.org/health</u>) or do an internet search for "Sudden Cardia
Student Signature	Date
Parent Signature	Date

2016-2017FISD/UIL CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM PART I -PAGE 10

Explain all "YES" answers below. Circle questions you do not know the answers to. Any "YES" answer to Questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination and written clearance is required before any participation in UIL practices, games or matches. An individual answering yes to any question relating to a possible cardiovascular health issue (question 3) should be restricted from further participation until the individual is examined and cleared.

		YES	NO
1	Have you had a medical illness or injury since your last check up or sports physical?		
2	Have you been hospitalized overnight in the past year?		
	Have you ever had surgery?		
3	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 of 50?		
	Has any family member been diagnosed with enlarged heart, dilated cardiomyopathy, hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Burgada 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 sports 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		
	When was the 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)?		

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM PART II – PAGE 11

11		N
	Have you ever become ill from exercising in the heat?	
12	Have you had any problems with your eyes or vision?	
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 sport 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 an 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?	
	Please circle the correct body part	
	Head Neck Back Chest Shoulder Upper Arm Elbow Forearm Wrist Hand Finger Hip Thigh Knee Shin/Calf Ankle Foot	
16	Do you want to weigh more or less than you do now?	
	Do you lose weight regularly to meet weight requirements for your sport?	
17	Do you feel stressed out?	
18	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	
	When was your most recent menstrual period?	
	STUDENT'S SIGNATUREDATE	
	PARENT'S SIGNATUREDATE	
	FOR SCHOOL USE ONLY THIS MEDICAL HISTORY FORM WAS REVIEWED BY:	
	SCHOOL OFFICIAL PRINTED NAMEDATE	

2016-2017 FISD/UIL CERTIFICATE FOR ATHLETICS PREPARTICIPATION PHYSICAL EVALUATION/EXAM- PAGE 12

Student's Name			
Height Weight		al)	
Pulse Blood Pressure _		/) (/	_)
Vision: R 20/ L 20/ C	Corrected: Yes No 1	<i>Pupils:</i> Equal Unequa	al
MEDICAL	NORMAL	ABNORMAL	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation Supine			
Heart Auscultation Standing			
Heart Lower Extremities Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only – Optional)			
Skin			
Marfan's stigmata (arachnodactyl, pectus			
excavatum, joint hypermobility, scoliosis)	NODALI	ADMODMAA	TATEFOX A C
MUSCULOSKELETAL Neck	NORMAL	ABNORMAL	INITIALS
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle Foot			
Other			
Other			
PHYSICIAN CLEARANCE Cleared Cleared After Completing Eva	luation/Rehabilitation l	For:	
Not Cleared For:			
Reason:			
Recommendation:			
PHYSICIAN'S INFORMATION			
Name(Print)			
Signature		Date	
Address		Pho	ne