

Northside ISD Medical History

<u>Sport</u>	<u>Year</u>				<u>School</u>		
<u>Student's Name (Last, First, Middle)</u>	<u>Sex</u>	<u>Age</u>	<u>Date of Birth</u>	<u>NISD ID Number</u>	<u>Social Security Number</u>	<u>Grade</u>	
<u>Male Parent/ Guardian</u>	<u>Home Phone</u>			<u>Work Phone</u>	<u>Cell Phone</u>		
<u>Female Parent/Guardian</u>	<u>Home Phone</u>			<u>Work Phone</u>	<u>Cell Phone</u>		
<u>Student's Address (Street, City, Zip Code)</u>				<u>Student's Home Phone Number</u>		<u>Student's Cell Phone</u>	
<u>Emergency Contact (Other than Parent)</u>		<u>Relationship</u>		<u>Phone #1</u>	<u>Phone #2</u>		

MEDICAL HISTORY

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student and submitted to their athletic trainer or coach *prior to their participation in any practice, before, during, or after school (both in-season and out-of-season) or games/matches*. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

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, or nurse practitioner is required before any participation in UIL practices, games or matches

		Yes	No		Yes	No	
1.	Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	11.	Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Do you use any special protective or corrective equipment 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)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>		Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, check appropriate box and explain below.		
	Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head	<input type="checkbox"/>	Elbow
	Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Forearm
	Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	Wrist
	Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Hand
	Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Finger
	Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper Arm		Hip
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>				Thigh
	Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)?	<input type="checkbox"/>	<input type="checkbox"/>				Knee
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
	Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>		Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	15.	Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16.	Record the dates of your most recent immunizations (shots) for:		
	Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>		Tetanus _____ Measles _____		
	If yes, how many times? _____ When was the last concussion? _____				Hepatitis B _____ Chickenpox _____		
	How severe was each one? (Explain below)			17.	Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		<i>Females Only</i>		
	Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18.	When was your first menstrual period?	_____	
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>		When was your most recent menstrual period?	_____	
	Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>		How much time do you usually have from the start of one period to the start of another?	_____	
8.	Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>		How many periods have you had in the last year?	_____	
9.	Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		What was the longest time between periods in the last year?	_____	
	Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>				
	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>				
	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>				

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions five above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

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 high 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 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.

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:** _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

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

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/____ (____/____, ____/____)

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 athletic 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's MEDICAL HISTORY FORM on the reverse side.

Local district policy may require an annual physical exam.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearances			
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)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

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 games/matches.

AIR QUALITY ALERT – NORTHSIDE ATHLETICS PARENT CONSULTATION FORM

If you have identified your son/daughter as having a heart or respiratory condition and feel that a consultation is necessary or would be helpful, please contact either the Athletic Trainers at your high school to set up an appointment (either in person or by phone) to discuss any special medical concerns or procedures for your son/daughter. Any information provided will be shared with the appropriate coach. If you do not wish to have a consultation, please sign below. Your signature will indicate that you have received this notification.

Signature of Parent / Guardian _____
Date

MEDICATION PERMISSION

The Northside ISD athletic trainers and coaches are not allowed to administer prescription on non-prescription medication without orders from a physician. Administration of prescription medications will only be made if the medication is in the original prescription container and accompanied by a written request from the parent/guardian.

INSURANCE INFORMATION

Must check one of the three options:

_____ We have personal/employee paid insurance that covers my child. Insurance Company Name _____

Policy/Group or Certificate # _____ HMO _____ PPO _____

_____ We are military and military medical services are available for my child.

_____ We will purchase the district endorsed student insurance plan, understanding that the plans offered have LIMITED benefits and are designed to supplement other insurance. We also understand that if the plan is purchased for grades 9-12 football, the NISD will pay the extra football premium only.

Signature of Parent/ Guardian _____
Date

PARENT AND STUDENT NOTIFICATION/AGREEMENT FORM: ILLEGAL STERIOD USE

- Texas state law prohibits possession, 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 a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a medical doctor 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.
- Steroids will cause serious health impairment, some irreversible, in both otherwise healthy males and females.

I have read the above information and agree that a prerequisite of my participation in UIL athletic activities is that I refrain for illegal steroid use. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by the UIL.

Student Signature _____
Parent Signature _____
Date

ACKNOWLEDGEMENT OF RULES/ PARENT OR GUARDIAN’S PERMIT

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

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 high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgment of any representatives of the school, the above student needs 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 to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

Signature of Parent/Guardian _____
Date

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: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- 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 are 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 504 handicapped 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 day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar 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 represented a college in a contest.
- 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 allow 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.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student