

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This is the judgment of my representative of the school the above student should need immediate care and treatment as a result of any injury or sickness, I hereby request and consent to such care and

	Yes	No			Yes	No
1.	!	!	13.	Have you ever gotten unexpected short of breath with exercise?	!	!
2.	!	!		Do you have asthma?	!	!
3.	!	!	14.	Do you have 2533 0 48.07o astl-1.48J 0lserh18.33(ci)2.2(g0 1412.067 6.6 77	!	!
	!	!				
	!	!	15.		!	!
	!	!			!	!
	!	!			!	!
	!	!				
	!	!				

treatment as a representative of the school the above student should need immediate care and treatment as a result of any injury or sickness, I hereby request and consent to such care and

If, between this date and the beginning of the U W L season, any 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, 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, 3 (5) 250 \$1 & (2) TEST BEFORE, DURING OR AFTER SCHOOL.

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

MEDICAL

APPENDIX