

2018-2019 Northside ISD Medical History

X Student ID # _____

This form may ONLY be returned to a HS Staff Athletic Trainer or MS Head Coach when completed
This form must be on file prior to participation in any practice, scrimmage or contest before, during or after school.

Student Name LAST _____ Student Name FIRST _____ Grade 18-19 school year _____ Date of Birth _____
 Student Address (Street, City, Zip Code) _____ Student Phone _____ Age _____ Sex _____
In case of Emergency contact:

Name _____ Relationship _____ Phone _____ Cell Phone _____

This MEDICAL HISTORY FORM must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event in an athletic event.

Explain "Yes" answers in the box below**
Circle questions to which you do not know the answer

		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"/>	13	Have you ever gotten unexpectedly short of breath with exercise? Do you have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>															
2	Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		* If yes, complete both sides of the Asthma Action Form Do you have an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>															
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?	<input type="checkbox"/>	<input type="checkbox"/>	14	Do you have seasonal allergies that require medical treatment? 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)?	<input type="checkbox"/>	<input type="checkbox"/>															
	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 channelopathy (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?	<input type="checkbox"/>	<input type="checkbox"/>	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.	<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"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td></td> <td><input type="checkbox"/> Foot</td> </tr> </table>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot		
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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 the last concussion? How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	16	Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>															
	Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	17	Do you lose weight regularly to meet weight requirements for your sport? Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>															
5	Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	18	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell diseases?	<input type="checkbox"/>	<input type="checkbox"/>															
6	Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>		Females only 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?																	
7	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"/>	19																		
8	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>																			
9	Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>																			
10	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>																			
11	Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>																			
12	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>																			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions three 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.
****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)**

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.

X Student Signature: _____ **X** Parent/Guardian Signature: _____ Date: _____

Any yes answer to questions, 1, 2, 3, 4, 5 or 6, may require further medical evaluation, which may include a physical exam. The written clearance from a Physician, Physician Assistant, Chiropractor, or Nurse Practitioner is required before any participation in UIL practices, games or matches.

For School Use only: _____ Athletic Trainers Signature: _____ Date: _____

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

*station-based examination only

Cleared

Physical Examination must be signed and dated on or after April 1, 2018 to be valid for participation in sports.

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: _____

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

CLARK ATHLETIC PROGRAM CAMPUS ATHLETIC CODE

Clark High School provides an athletic program for the benefit of the students in the Northside Independent School District. We believe that participation in a competitive athletic program can provide students an opportunity to learn responsibility, dedication, leadership, hard work, respect for rules, respect for authority, as well as other positive qualities. Regulations are established to promote these qualities and to help build and maintain a strong athletic program. **It is recognized that some of the expectations for student/athletes exceed the expectations for the general student body.** Athletes are expected to follow the district board policies; all athletic policies set by the district athletic department and the Clark campus rules and policies. These expectations are 24/7 and 365 days a year. Violations of any of these rules will result in corrective and/or disciplinary action. The facts and circumstances will be taken into consideration when determining what actions will be taken.

1. Athletes are expected to maintain a favorable attitude and proper conduct. If the attitude and conduct of an athlete become a detriment to the program, the athlete can be dismissed from the program.
2. If an athlete is to miss a practice, meeting, or contest, he or she must notify the coach in advance.
3. Always be on time to classes, meetings, practice etc. Tardies will not be tolerated. First offense will result in disciplinary action.
4. Dress for athletes will conform to the standards set by the School Board, District policy, Athletic policy, and the grooming code that is recommended by the Texas High School Coaches Association:
General: Extreme hair cuts or hair colors will not be allowed.
Males: Hair should not extend from the head more than 2 inches or over the eyebrow; should not be lower than the ear lobe and should not be below the top of the collar of a normal dress shirt. Sideburns should be trimmed; should not extend below the lobe of the ear and should be the same width from top to bottom. Facial hair - the athlete shall not wear a mustache, goatee, or beard. Body piercing - which includes earrings - will not be allowed.
Females: Body piercing (except for earrings) will not be allowed.
5. You are responsible for returning all issued equipment and taking care of all the athletic facilities.
6. Profanity will not be tolerated. First offense will result in disciplinary action.
7. All decisions concerning an athletic team will be based first on what is best for the team and then what is best for the individual.
8. If at any time an athlete quits or is dismissed from the team in or out of a season, he/she gives up all rights to any honors he/she has earned but not yet received. If an athlete quits, he/she must complete the following procedure: 1. Meet with the head coach of that sport. 2. Convey to his/her parents so that they fully understand he/she is quitting the program and the circumstances associated with quitting the program. A letter must be submitted by the parents. 3. He/She forfeits the right to participate in that sport or **any other sport** until current season is over.
9. An athlete cannot participate in more than one sport at a time unless those sport seasons starts at the same time and it is agreed upon by all parties involved.
10. Athletes are expected to act beyond the standards of the general student population; as they are leaders of our school and community. An athlete who is disciplined by the school's administration for a disciplinary problem can be subject to further disciplinary action by the coach of his or her sport. (Action is up to the discretion of the Athletic Department).
11. It is recognized that high school sports take precedent over all club sports. Athletes should be aware that if club sports ever conflict with high school sports, the athlete must participate in high school sports first. It is also noted that all injuries incurred during club sports will be the sole responsibility of the athlete. The school athletic trainers will not treat or rehab any injuries that are incurred during club play.
12. **Coaches of particular sports have the authority to enforce additional rules and regulations at their discretion.**

I have read and understand the Campus Athletic Code of Conduct

Athlete Name (Print): _____

Athlete's signature: _____

Parent/Guardian (Print): _____

Parent/Guardian signature: _____

Date: _____

Welcome to the NISD Athletics Online Forms

<https://nisd.net/athletics>

Click Parents
Forms and Insurance

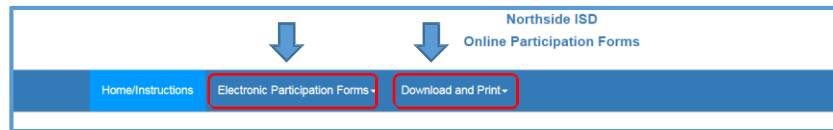


REQUIRED FORMS (5) TO BE COMPLETED ONLINE:

1. UIL Forms Signature Page
2. Athlete Insurance / Emergency information form
3. Athletic Injury Protocol
4. Behavior Expectations of Spectators
5. NISD Code of Conduct

REQUIRED FORMS TO BE PRINTED

1. Asthma (if applicable)
2. Medical History/Physical (required)



REQUIRED Online Participation Forms

- To access the required athletic participation forms, place your cursor over the “Electronic Participation Forms” tab to view the drop down menu of 5 forms.
- Middle and High School athletes must fill out each form.
- Accuracy is important - All information is used in case of emergency.
- Parent/Guardian AND Student signatures are required...form is not accepted without them.
Please have Student’s ID number – Do Not Use Athletes Nicknames on Forms
- Click on the form name and fill out the information requested. If you are unsure about the answer to a question, please answer N/A, unknown or none.
- To sign the document, click inside the signature box and hold your mouse button down, this will allow you to create an “Electronic Signature.” If you make a mistake and need to start over, click on the refresh icon next to the signature box.
- Once you have completed each form, you will have the opportunity to print the document.
- You will receive a confirmation email once the documents have been reviewed by the Northside ISD Athletic Trainers.

The Pre Participation Physical Exam must be completed by a Physician and returned to either the Campus Athletic Trainer or the Middle School head coach. No one else can accept this form.

Revised March 2018