Fort Worth ISD Student ID#

PLEASE DO NOT BEND OR FOLD

PREPARTICIPATION PHY	YSICAL EVALUATION -	- MEDICAL HISTORY
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Addrage				AgeDate of Birth	
idatess				Phone	
Grade School School					
ersonal Physician n case of emergency, contact:				Phone	
Relationship			Phone	(H)(W)	
in "Yes" answers in the box below**. Circle questions you don'	t know	the an	swers to.		
ava yay bad a madical illama an ini madical illama	Yes				Ye
ave you had a medical illness or injury since your last check p or physical?			13.	Have you ever gotten unexpectedly short of breath with	Ē
ave you been hospitalized overnight in the past year?	П	П		exercise?	_
ave you ever had surgery?	H	Ħ		Do you have asthma? Do you have seasonal allergies that require medical treatment?	느
ave you ever had prior testing for the heart ordered by a	H	H	14.	Do you use any special protective or corrective equipment or	느
nysician?			- 11	devices that aren't usually used for your activity or position	L
ave you ever passed out during or after exercise?	Ш			(for example, knee brace, special neck roll, foot orthotics,	
ave you ever had chest pain during or after exercise?				retainer on your teeth, hearing aid)?	
o you get tired more quickly than your friends do during			15.	Have you ever had a sprain, strain, or swelling after injury?	
tereise?	 ,	_		Have you broken or fractured any bones or dislocated any	F
ave you ever had racing of your heart or skipped heartbeats?	빌	╚		joints?	
ave you had high blood pressure or high cholesterol?		Ц		Have you had any other problems with pain or swelling in	
ave you ever been told you have a heart murmur? as any family member or relative died of heart problems or of		Ц		muscles, tendons, bones, or joints?	
idden unexpected death before age 50?	Ц	Ш		If yes, check appropriate box and explain below:	
as any family member been diagnosed with enlarged heart,	П	_		П., П., П.	
ilated cardiomyopathy), hypertrophic cardiomyopathy, long	ш			☐ Head ☐ Elbow ☐ Hip	
T syndrome or other ion channelpathy (Brugada syndrome,				☐ Neck ☐ Forearm ☐ Thigh	
c), Marfan's syndrome, or abnormal heart rhythm?				Back Wrist Kncc	
ave you had a severe viral infection (for example,		П		Chest Hand Shin/Calf Shoulder Finger Ankle	
yocarditis or mononucleosis) within the last month?	ш	ш		Shoulder	
as a physician ever denied or restricted your participation in		П	16.	Do you want to weigh more or less than you do now?	_
tivities for any heart problems?		_	17.	Do you feel stressed out?	누
ave you ever had a head injury or concussion?	П	Г	18.	Have you ever been diagnosed with or treated for sickle cell	<u></u>
ave you ever been knocked out, become unconscious, or lost		Ħ		trait or sickle cell disease?	<u></u>
ur memory? yes, how many times?			Females O	nly e	
hen was your last concussion?			19. Wh	nen was your first menstrual period?	
ow severe was each one? (Explain below)				nen was your most recent menstrual period?	
ave you ever had a seizure?	П	П		w much time do you usually have from the start of one period to the sother?	tart
you have frequent or severe headaches?	Ħ	Ħ			
ave you ever had numbness or tingling in your arms, hands,	Ħ	Ħ	HOV	How many periods have you had in the last year? What was the longest time between periods in the last year?	
gs or feet?					_
ave you ever had a stinger, burner, or pinched nerve?		П	Males On	ny nyou have two testicles?	
e you missing any paired organs?	П	ī		you have any testicular swelling or masses?	
e you under a doctor's care?					
e you currently taking any prescription or non-prescription ver-the-counter) medication or pills or using an inhaler?			An indi	vidual answering in the affirmative to any question relating to a possible cardiovascula	r he
you have any allergies (for example, to pollen, medicine.	\Box		issue (qu	uestion three above), as identified on the form, should be restricted from further partic	ipat
od, or stinging insects)?		<u> </u>	practitio	e individual is examined and cleared by a physician, physician assistant, chiropractor, oner.)F N
eve you ever been dizzy during or after exercise?	П		**EVD	PLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if nece	
you have any current skin problems (for example, itching,	Ħ	Ħ	EAR	TAIN 1ES ANSWERS IN THE BOX BELOW (attach another sheet if nece	ssar
thes, acne, warts, fungus, or blisters)?	_	_			
ive you ever become ill from exercising in the heat? ive you had any problems with your eyes or vision?	님	Ш			
	Ш	Ш			
is understood that even though protective equipment is worn by athlete: r the school assumes any responsibility in case an accident occurs.	s, whe	never ne	eded, the poss	sibility of an accident still remains. Neither the University Interscholastic Le	agı
in the judgment of any representative of the school, the above student susent to such care and treatment as may be given said student by any	physic	ian, athl	ctic trainer, nu	and treatment as a result of any injury or sickness, I do hereby request, authourse or school representative. I do hereby agree to indemnify and save hard	rize nles
tool and any school or hospital representative from any claim by any pers					
between this date and the beginning of participation, any timess of injury ary.	snouic	l occur t	nat may limit t	this student's participation, I agree to notify the school authorities of such illnes	is or
	thes	hove e	nestions are	complete and correct. Failure to provide truthful responses cou	la
bject the student in question to penalties determined by the U		~~~ q		complete and correct Fattale to provide traditut responses cou	
		lian Sigi	nature:	Date:	<u></u>
<u> </u>					n