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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, author 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 harm 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 countly the student in question to penalties determined by the UIL]	Have you had any problems with your eyes or vision?				 /					
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, author 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 harm 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 countly the student in question to penalties determined by the UIL		It is understood that even though protective equipment is worn by the at	hlete, w	henevei	needed, the po-	ssibility of an acciden	nt still remains. Neither the	University Interscholast	ic Le		
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 suc illness or injury. If hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses cousiblect the student in question to penalties determined by the UIL	If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injurious sinks.										
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 cousubject the student in question to penalties determined by the UIL	consent to such care and deathern as may be given said student by any physician, athletic trainer, nurse or school representative. I do harden agree to independ on the said student by any physician, athletic trainer, nurse or school representative.										
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 cou subject the student in question to penalties determined by the UIL	school and any school of hospital representative from any claim by any person on account of such care and treatment of said student.										
Student Simple to penalties determined by the UIL	100	if, between this date and the beginning of athletic competition, any illness of liness or injury.	or injury	should	occur that may	limit this student's par	ticipation, I agree to notify t	he school authorities of su	ich		
Student Simple to penalties determined by the UIL		hereby state that, to the best of my knowledge, my answers t	o the a	bove q	uestions are o	complete and corr	ect. Failure to provide	truthful responses co	nld		
IStudent Signature:	ľ	subject the student in question to penalties determined by the				/e	mui i coponoco co	u			
Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician	Date:										

Student's Name	***	Sex	Age	Date of Birth							
Height Weight	% Body fat (option	nal)	Pulse	BP/_(ood pressure while sitt						
				Pupils:							
As a minimum requirement, this PI again prior to first and third years of questions on the student's MEDICAL exam.	of high school athle HISTORY FORM or	tic participa	e side. * Loca	be completed if there are yes	answers to spec						
MEDICAL	NORMAL		ABNORMA	AL FINDINGS	INITIALS						
Appearance											
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											
nypermobility, scoliosis)											
MUSCULOSKELETAL											
Neck											
Back											
Shoulder/Arm											
Elbow/Forearm											
Wrist/Hand											
Hip/Thigh											
Knee											
Leg/Ankle											
Foot											
*station-based examination only											
CLEARANCE											
□ Cleared											
☐ Cleared after completing evaluat	/1-1-111										
Cleared after completing evaluation/rehabilitation for:											
□ Not cleared for:			Reason:								
Recommendations											
Recommendations:											
The following information must be fil	1-1:1:11	:.1 D									
The following information must be fil											
Physician Assistant Examiners, a Reg											
or a Doctor of Chiropractic. Examin	ation forms signed	by any othe	r health care pr	actitioner, will not be accepte	ed.						
Name (print/type)											
Address:											
Phone Number:											
Signature:											