Pasadena Independent School District

Athletic Department

2906 Dabney, Pasadena, Texas 77502
Office: 713-740-0837 Fax: 713-740-4074

Dear Parent or Guardian,

PISD requires physical exams for all intermediate and high school students participating in **Athletics/Fine Arts/ROTC** for the 2020-2021 school year. A student's physical **MUST** be on file ***before*** the student will be allowed to participate in an athletics class or try out for any sport. As a convenience, the District allows **Dr. John Kirkwood**, and his team of doctors, to utilize PISD facilities to provide physicals at an inexpensive rate. To receive a physical by Dr. Kirkwood the following **MUST** be completed:

- *The Medical History portion of the physical form*
- ***$20.00 CASH ONLY*** *Pre-pay to athletic trainers or pay on the day of the physical*

All high school students will be offered an opportunity to receive an Electrocardiogram/ECG screen (sometimes also referred to as an EKG) for an additional $15.00. To receive an ECG screen, the ECG consent form must also be completed before the screen will be performed. NOTE: *Hernia exams will not be done unless requested by the parent or student.*

While it is not mandatory that your child receive a physical by Dr. Kirkwood, only the following types of medical professional may perform a physical on your child - *Physician, Physician's assistant, Chiropractor or Nurse Practitioner*. ***If your child is being seen by a different medical professional, the 2020-2021 PISD UIL-Athletic Participation form MUST be completed. This is the ONLY physical form that PISD will accept.***

Month	Day	Time	School
March	25	2-4	Sam Rayburn
April	1	1:30	Milstead Mid
April	1	2:30	Miller Int
April	2	2:30	Beverly Hills Int
April	3	1:00	San Jacinto Int
April	3	2:45	Keller Middle
April	9	12:30	Lomax Middle
April	9	2:30	Bondy Int
April	14	1:00	South Houston
April	21	1:00	Fred Roberts
April	24	1:30	Southmore Int
April	24	3:00	Shaw Middle
April	27	1:00	Marshall Mid
April	27	2:30	Parkview Int
April	28	12:30	Pasadena High
April	29	10:30	Pasadena Mem
April	30	10:30	Dobie 9th
April	30	1:00	Dobie High
May	1	1:00	Sullivan Mid

All other forms except for ECG consent form will be completed on Rank One (www.rankonesport.com).

May 1	**2:30**	**Queens Int.**
May 15	**1:00**	**Melillo Middle**
May 15	**3:30**	**Thompson Int.**

If you have any questions or concerns, please do not hesitate to contact an athletic trainer using the numbers listed below.

CONTACTS:

Pasadena HS (713) 740-0310

Rayburn HS (713) 740-0330

Dobie HS (713) 740-0370

Memorial HS (713) 740-0390

South Houston (713) 740- 0350

District Athletic Trainer (713) 740-0840

PAID:

PASADENA ISD–UIL ATHLETIC PARTICIPATION FORM
GRADES 7-12

2020-2021

RECEIPT#

It is preferred that this original SALMON form be used with the correct school year. **NO PHYSICAL WILL BE PERFORMED OR ACCEPTED BEFORE THE FIRST PISD MASS PHYSICAL DATE.** It is the athlete's responsibility to update new information as soon as it becomes available. (New address, phone number, etc…)

A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT ATHLETE CAN PARTICIPATE IN **ANY ATHLETIC ACTIVITY** WHICH INCLUDES TRY-OUTS, OFFSEASON, PRACTICE AND COMPETITION. ALL HIGH SCHOOL FORMS SHOULD BE GIVEN TO AN ****ATHLETIC TRAINER ONLY**. INTERMEDIATE ATHLETIC FORMS SHOULD BE TURNED INTO YOUR CAMPUS COORDINATOR.

Please note you will need to have electronically signed all other documentation required by UIL which can be found at www.rankonesport.com before a student athlete can participate in ANY ATHLETIC ACTIVITY which includes TRY-OUTS, OFFSEASON, PRACTICE AND COMPETITION.

Student ID #:_____ Gender: Male / Female Date of Birth:_____/_____/_____ Age:_____ Grade (2020-2021):_____

Last Name:_____ First Name:_____ Home Phone:_____ Cell Number: _____

Address:_____ City/Zip: _____

Circle school attending in 2020-2021: Dobie PMHS Rayburn Pasadena South Houston

BHI Bondy Jackson Miller Park View Queens San Jacinto Southmore South Houston Thompson

Please circle one:
Athletics/Fine Arts/Both

*****Pasadena ISD requires an annual physical exam** and is good for 2020-2021 academic year only***

Height:_____ **Weight:**_____ **Pulse:**_____ **BP:**_____

Vision: R – 20/_____ L – 20/_____ **Pupils:** Equal/Unequal **Corrected:** Y N

MEDICAL EXAMINER SECTION

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation Supine			
Heart – Auscultation Standing			
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 / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			

* *Station-based examination only*

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation

for:_____

_____

☐ Not cleared

for:_____

_____

Recommendations:_____

_____

*****NOTE OF CLEARANCE MUST BE ON LETTERHEAD OF CLEARING PHYSICIAN*****

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.

Date of Examination: _____

Name (print/type):_____

Address: _____

Phone Number: _____

Physician's Signature: _____

Must Include Physician stamp to be valid

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
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?	☐	☐
	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 channelpathy (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?	☐	☐
	Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
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 your last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
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:		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16.	Do you want to weigh more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. 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? _____

Males Only

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

☐ An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the 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 participation, 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: _____

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 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, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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