



HUMBLE INDEPENDENT SCHOOL DISTRICT  
UIL ATHLETIC/ACTIVITIES PARTICIPATION FORM  
2024-2025



A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT CAN PARTICIPATE IN ANY UIL ATHLETIC EVENT OR ACTIVITY  
This medical history form must be completed annually by parent/guardian. Questions are designed to determine if the student has developed any condition, which would make it hazardous to participate in an athletic event. **Physicals for the 2024-2025 school year must be performed on or after February 1, 2024 Physicals performed before this date will not be accepted.**

Last Name: \_\_\_\_\_ (legal) First Name: \_\_\_\_\_ (legal) MI: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (2024-25): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  male  female  
 School attending in 2024-2025: \_\_\_\_\_ what activities(s): \_\_\_\_\_  
 Check all that apply  Epi Pen  Asthma  Requires Inhaler  Epilepsy  Sickle Cell  
 Heart Disease  Heart Condition **Diabetes:**  Type I  Type II  
 REQUIRED MED'S: \_\_\_\_\_  
 Drug/Food Allergies: \_\_\_\_\_

Answer each question on an individual bases as it pertains to the **STUDENT**. Enter a check for the appropriate response. Circle questions you don't know the answers to.

	Yes	No		Yes	No			
1. Have you had a medical illness or injury since your last check up or sports physical?			12. Have you ever had any problems with your eyes or vision?					
2. Have you been hospitalized overnight in the past year?			13. Have you ever gotten unexpectedly short of breath with exercise?					
Have you ever had surgery?			<b>Do you have asthma?</b>					
3. Have you ever had prior testing for the heart ordered by a physician?			<b>Is an inhaler required by your physician?</b>					
Have you ever passed out during or after exercise?			<b>(If Yes, student MUST have Inhaler Action Plan on file with the school nurse)</b>					
Have you ever had chest pains during or after exercise?			Do you have seasonal allergies that require medical treatment?					
Do you get tired more quickly than your friends do during exercise?			14. Do you use any special protective or corrective equipment of devices that aren't usually used for your sport or position (ex: knee brace, special neck roll, foot orthotics, retainer for your teeth, hearing aid)?					
Have you ever had racing heart or skipped heartbeats?			15. Have you ever had a sprain, strain, or swelling after injury?					
Have you had or have had high blood pressure or high cholesterol?			Have you broken or fractured any bones or dislocated any joints?					
Have you ever been told you have a heart murmur?			Have you had any problems with pain or swelling in muscles, tendons, bones, joints?					
Has any family member or relative died of heart problems or of sudden unexpected death before age 50??			If yes, check appropriate box and explain below.					
Has any family member been diagnosed with enlarged heart hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?			Head	Elbow	Hip	Neck	Thigh	Back
Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?			Wrist	Knee	Chest	Hand	Finger	Ankle
<b>Has a physician ever denied or restricted your participation in sports for any heart related problems?</b>			Foot	Shoulder	Shin/Calf	Forearm	Upper Arm	
4. <b>Have you ever had a head injury or concussion?</b>			16. Do you want to weigh more or less than you do now?					
<b>Have you ever been knocked out, become unconscious, or lost your memory?</b>			Do you lose weight regularly to meet weight requirements for your sport?					
If YES, how many times?			17. Do you feel stressed out?					
When was your last concussion?			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?					
How severe was each one? (Explain on page 2) time missed, hospital visit, specialist ...			19. Have you ever been diagnosed with diabetes?					
Have you ever had a seizure?			<b>IF YES Type I _____ or Type II _____</b>					
Do you have frequent or severe headaches?			<b>Females Only:</b>					
Have you ever had numbness or tingling in your arms, hands, legs, or feet?			20. When was your first menstrual period?					
Have you ever had a stinger, burner, or pinched nerve?			When was your most recent menstrual period?					
5. <b>Are you missing any paired organs?</b>			How much time do you usually have from the start of one period to the start of another?					
6. <b>Are you under a doctor's care?</b>			How many periods have you had in the last year?					
7. Are you currently taking any prescription medication?			What the longest time between periods in the last year?					
Are you currently taking a non-prescription (over-the-counter) medication?			<b>Males Only:</b>					
8. Do you have any allergies? (ex: to pollen, medicine, food, or stinging insects)			21. Do you have two testicles?					
<b>Do you require an Epi Pen?</b>			22. Do you have any testicular swelling or masses?					
9. Have you ever become dizzy during or after exercise?			<input type="checkbox"/> An electrocardiogram (ECG) <b>IS NOT REQUIRED</b> . 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.* <b>(See Back for more Information)</b>					
10. Do you have any current skin problems? (itching, rashes, acne, -warts, fungus, blisters)			Any <b>YES</b> answers should be explained in the area designated on the back of this page.					
11. Have you ever become ill from exercising in the heat?								

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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

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 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, and 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.

**Release:** In the event that the parents or legal guardians of the above-named child cannot be contacted, I do hereby accept the emergency services of the team physician and/or the athletic trainer. 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 the said student. 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 Signature

\_\_\_\_\_  
Date

Name : \_\_\_\_\_

**Medical Examiner Section**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_/\_\_\_\_\_)  
 Vision: R -20/\_\_\_\_ L-20/\_\_\_\_\_ Corrected: Y N Contacts / Glasses Pupils: Equal/Unequal

As a requirement, this Physical Examination Form must be completed annually prior to **Junior High and High School athletic/activity participation**. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side.

Medical	Normal	Abnormal	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 hypermobility, scoliosis)			
Musculoskeletal	Normal	Abnormal	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**Clearance:** \_\_\_\_\_ \*station-based examination only  
 Cleared  Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

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.*

Physician's Signature: \_\_\_\_\_ Name: (print/type): \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MUST INCLUDE PHYSICIAN STAMP TO BE VALID**

**PHYSICIAN STAMP**

**Physician/Clinician Signature:**

If you have any questions please contact your Athletic Trainer.

**Atascocita**  
281-641-7681

**Humble**  
281-641-6510

**Kingwood**  
281-641-7245

**Kingwood Park**  
281-641-6738

**Summer Creek**  
281-641-5441

Please explain any YES answers in the area provided. Understand yes answers may require further medical evaluation, which may include a physical examination.

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**\*\* Any student that chooses to receive an ECG must bring back written proof of clearance before a physical will be accepted allowing the student to participate in Humble ISD Athletics or Fine Arts (Band, Dance, Drill Team)\*\***