Cypress-Fairbanks ISD



Athletic Pre-Participation Form Instructions

PLEASE FOLLOW THESE STEPS IN ORDER TO BE CLEARED FOR ATHLETIC PARTICIPATION

There are **two steps** in order for a student to be cleared for athletic participation at any CFISD middle and/or high school.

1) Completion of the athletic pre-participation forms, which can be found at:

Cypressfairbanksisd.rankonesport.com

- Go to the website listed above to complete your forms. Click the blue button in the center of the page that says "START ONLINE FORMS" and follow the steps as directed. Note: When entering your student ID do not use the "S", enter only the numbers. (Ex. If your student ID is S123456, you would enter 123456).
- You must fill out 5 online forms. The 5 forms are:
 - Medical History
 - UIL Signature Page
 - o CFISD-Emergency Card Information
 - o CFISD-Electrocardiogram Consent
 - CFISD Field Trip Form
- 2) A current physical on file. If the student is about to enter or is currently in:
 - High school, your physical should be turned in to the athletic trainer on campus.
 - Middle school, your physical should be turned in to the coach of your participating sport.

ADDITIONAL INFORMATION REGARDING ALL ANNUAL PRE-PARTICIPATION FORMS

- All required participation forms (physical and online forms) must be submitted before a student participates in
 any try-out, practice, athletic class, open gym, open weight room, athletic competition or travels with a CFISD
 athletic team for any purpose.
- The student is required to use the Pre-Participation Physical Examination Form attached; **NO OTHER** Physical Examination Form can be accepted as per the University Interscholastic League (UIL).
- The Medical History form is filled out by the parent and taken with the student when getting a physical.
- Please refer to the information listed on the physical form regarding who qualifies to administer and sign the physical.
- A new physical form must be turned in *prior* to each calendar school year.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

Student's Name: (print)		sex _		1gc	Date of Birth		
Address					Phone		
ID# Grade Entering '21-'22 School	oll				Sport		_
Personal Physician					Phone		
In case of emergency, contact:							
NameRelationship			Phone (H)	(W)		
ain "Yes" answers in the box below**. Circle questions you don				,			3
	Yes	No		20		Yes	
Have you had a medical illness or injury since your last check			13.		otten unexpectedly short of breath with		
up or physical? Have you been hospitalized overnight in the past year?		П		exercise? Do you have ast!	h?		
Have you ever had surgery?	Η	H			sonal allergies that require medical treatment?	Η	
Have you ever had surgery! Have you ever had prior testing for the heart ordered by a	H	\exists	14.		special protective or corrective equipment or	Η	
physician?	Ц	ш	#.7fe		't usually used for your activity or position	ш	
Have you ever passed out during or after exercise?					ee brace, special neck roll, foot orthotics,		
Have you ever had chest pain during or after exercise?				- N	teeth, hearing aid)?		
Do you get tired more quickly than your friends do during			15.		and a sprain, strain, or swelling after injury?		
exercise?		_			n or fractured any bones or dislocated any	\Box	
Have you ever had racing of your heart or skipped heartbeats?				joints?		_	
Have you had high blood pressure or high cholesterol?				Have you had a	ny other problems with pain or swelling in		
Have you ever been told you have a heart murmur?				muscles, tendon	is, bones, or joints?	_	
Has any family member or relative died of heart problems or of				If yes, check ap	propriate box and explain below:		
sudden unexpected death before age 50?	_	_					
Has any family member been diagnosed with enlarged heart,				Head	☐ Elbow ☐ Hip		
dilated cardiomyopathy), hypertrophic cardiomyopathy, long				■ Neck	Forearm Thigh		
QT syndrome or other ion channelpathy (Brugada syndrome,				Back	☐ Wrist ☐ Knee		
etc), Marfan's syndrome, or abnormal heart rhythm?				Chest	☐ Hand ☐ Shin/Ca	lf	
Have you had a severe viral infection (for example,				Shoulder	Finger Ankle		
nyocarditis or mononucleosis) within the last month?		_		Upper Arn			
Has a physician ever denied or restricted your participation in			16.		weigh more or less than you do now?		
activities for any heart problems?			17.	Do you feel stre	essed out?		
Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost			18.	Have you ever l	been diagnosed with or treated for sickle cell		
				trait or sickle ce	ell disease?	_	
your memory? If yes, how many times?			Females O	100 M	T 8 Inc.		
When was your last concussion?				en was your first n			
How severe was each one? (Explain below)			WII	en was your most	recent menstrual period?		c
Have you ever had a seizure?	П	П			ou usually have from the start of one period to the	ie start c	м
Do you have frequent or severe headaches?	Ħ	Ħ		ther?	1 1 1 1 1 1 1		
Have you ever had numbness or tingling in your arms, hands,	H	H			ve you had in the last year?		
legs or feet?	ш	ш			time between periods in the last year?		
Have you ever had a stinger, burner, or pinched nerve?			Males On				
Are you missing any paired organs?	H	H			icles?		
Are you under a doctor's care?	\Box				cular swelling or masses?		
Are you currently taking any prescription or non-prescription	H	H			(ECG) is not required. By checking this box, I		
(over-the-counter) medication or pills or using an inhaler?	ш				udent for additional cardiac screening. I have		
Do you have any allergies (for example, to pollen, medicine,					ion about cardiac screening. I understand	t is th	ie
food, or stinging insects)?	1000		respons	ibility of my famil	y to schedule and pay for such ECG.		
Have you ever been dizzy during or after exercise?			EXPLAI	N 'YES' ANSWERS	IN THE BOX BELOW (attach another sheet if neces	sarv):	=
Do you have any current skin problems (for example, itching,					The Bost Bobo W (and another sheet if neces	Jul 3 /.	
rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat?	_	_					
Have you had any problems with your eyes or vision?	님	\mathbb{H}					
It is understood that even though protective equipment is worn by athle nor the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above studen consent to such care and treatment as may be given said student by an	t should y physic	need in	mediate care a	and treatment as a re urse or school repres	sult of any injury or sickness, I do hereby request, as sentative. I do hereby agree to indemnify and save	ithorize,	aı
school and any school or hospital representative from any claim by any pe							
If, between this date and the beginning of participation, any illness or injuinjury.	ry should	d occur t	hat may limit t	this student's participa	ation, I agree to notify the school authorities of such il	lness or	
I hereby state that, to the best of my knowledge, my answers		bove q	uestions are	complete and con	rrect. Failure to provide truthful responses of	ould	_
subject the student in question to penalties determined by the Student Signature: Pare	ent/Guar	dian Sig	nature: X		Date:		
		- 0					di.

Student's Name					
Height Weight	% Body fat (optional)	Pulse	BP/_ (lood pressure while sit
Vision: R 20/ L 20/	Corrected:	□ Y □	N	Pupils:	☐ Unequal
As a minimum requirement, this prior to first and third years of high the student's MEDICAL HISTORY FO	h school participation.	It must be e. * Local di	completed if t	there are yes answers to ay require an annual pl	specific questions hysical exam.
MEDICAL	NORMAL	F	ABNORMAL	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					
500 (COOK) (COOK) (COOK)					
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					
	# # 141 (P1421) 117 (C)				
☐ Cleared after completing evaluat	non/rehabilitation for: _				
□ Not cleared for:		D	eason:		
□ Not cleared for:					
Recommendations:					
The fellowing of	011 1	·.1 P1	. 51	4	G
The following information must be f		8.5%	15%	•	
Physician Assistant Examiners, a Re	egistered Nurse recogni	zed as an Ad	vanced Practice	e Nurse by the Board of N	Nurse Examiners,
or a Doctor of Chiropractic. Exami	nation forms signed by	any other he	alth care practi	itioner, will not be accept	ed.
Name (print/type)				20 1 7 1	
Address:					
DL XI					
Phone Number:					

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.