

Northside ISD Medical History

Form with fields for Student's Name, Sex, Age, Date of Birth, Student ID Number, School, Address, Contact Numbers, and Parent/Guardian information.

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities.

Explain "Yes" answers in the box below **. Circle questions to which you don't know the answers. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination.

Main medical history questionnaire with 18 numbered questions and checkboxes for Yes/No. Includes a section for Females Only and a red-bordered box for explaining 'Yes' answers.

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 high school assumes any responsibility in case an accident occurs.

A yellow-bordered box containing a statement of truthfulness and signature lines for the Student, Parent/Guardian, and Date.

PRE-PARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/____)

Brachial blood pressure while sitting

Vision R 20/____ L 20/_____

Corrected: Y N

Pupils: Equal Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ***Local district policy may require an annual physical exam.**

Table with 4 columns: MEDICAL, NORMAL, ABNORMAL FINDINGS, INITIALS*. Rows include: Appearances, 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, Neck, Back, Shoulder/Arm, Elbow/Hand, Hip/Thigh, Knee, Leg/Ankle, Foot.

*station-based examination only

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

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.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

AIR QUALITY ALERT

If you have identified your son/daughter as having a respiratory condition (Question 13 on the Medical History form), you will be required to have your physician complete both front and back of the Asthma Action Plan form which can be accessed from the NISD Athletics website: nisd.net/athletics/athletics-forms

Your signature is required below if you have checked yes to questions 13.

Signature of Parent / Guardian _____

Phone number _____

Date _____

MEDICATION PERMISSION

The Northside ISD athletic trainers and coaches are not allowed to administer prescription or non-prescription medication without orders from a physician. Administration of prescription medications will only be made if the medication is in the original prescription container and accompanied by a written request from the parent/guardian.

INSURANCE INFORMATION

Northside ISD requires that all Northside athletes be covered by some form of medical insurance. Please check one of the following three options.

_____ We have personal/employee/government paid insurance that covers my child.

Insurance Company Name _____

Policy# _____ Group or Certificate # _____ HMO _____ PPO _____

_____ We are military and military medical services are available for my child.

_____ We will purchase the district endorsed student insurance plan, understanding that the plans offered have LIMITED benefits and are designed to supplement other insurance. We also understand that if the plan is purchased for grades 9-12 football, the NISD will pay the extra football premium only. School insurance information can be obtained from the school's administration office or athletic training room.

Form given to _____ (athlete signature) on _____ (date) by _____ (Athletic Trainer)

Signature of Parent/ Guardian _____

Date _____

PARENT AND STUDENT ATHLETE SIGNATURES

I have read the regulations included and agree to follow the rules pertaining to Sudden Cardiac Arrest Awareness, Concussion Acknowledgement, Anabolic Steroid Use and Random Steroid Testing, and Acknowledgement of Rules/Parent or Guardian's Permit. The included forms can also be found at <http://www.uilTEXAS.org/athletics/forms>

A. UIL SUDDEN CARDIAC ARREST AWARENESS

Student Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____

B. UIL CONCUSSION ACKNOWLEDGEMENT

Student Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____

C. UIL ANABOLIC STEROID USE AND RANDOM STEROID TESTING

Student Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____

D. UIL ACKNOWLEDGEMENT OF RULES/ PARENT OR GUARDIAN'S PERMIT

Student Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____

For School Use only:

Athletic Trainers Signature: _____

Date _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

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A. UIL SUDDEN CARDIAC ARREST AWARENESS

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- Conditions present at birth
- Inherited (passed on from parents/relatives) conditions of the heart muscle:
 - Hypertrophic Cardiomyopathy – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - Arrhythmogenic Right Ventricular Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
- Inherited conditions of the electrical system:
 - Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.
 - Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome
- other types of electrical abnormalities that are rare but run in families.
- NonInherited (not passed on from the family, but still present at birth) conditions:
 - Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.
 - Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- Conditions not present at birth but acquired later in life:
 - Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - Myocarditis – infection/inflammation of the heart, usually caused by a virus.
 - Recreational/Performance-Enhancing drug use.
- Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after Autopsy

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50
- ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- CALL 911
- Begin CPR
- Use an Automated External Defibrillator (AED)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- The UIL Pre-Participation Physical Evaluation – Medical History form includes ALL 12 of these important cardiac elements and is mandatory annually.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- American Heart Association (www.heart.org)
- AugustHeart (www.augustheart.org)
- Championship Hearts Foundation (www.championshipheartsfoundation.org)
- Cypress ECG Project (www.cypressecgproject.org)
- Parent Heart Watch (www.parentheartwatch.com)

B. UIL CONCUSSION ACKNOWLEDGEMENT

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique. – Follow the rules of play. – Make sure the required protective equipment is worn for all practices and games.

– Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student; (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play; (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play; (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and (C) have signed a consent form indicating that the person signing:

- (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol; (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol; (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and (iv) understands the immunity provisions under Section 38.159.

C. UIL ANABOLIC STEROID USE AND RANDOM STEROID TESTING

Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.

Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.texas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.texas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

D. UIL ACKNOWLEDGEMENT OF RULES/ PARENT OR GUARDIAN'S PERMIT

- I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.
- 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 high school assumes any responsibility in case an accident occurs.
- I have read and understand the University Interscholastic League rules listed below and agree that my son/daughter will abide by all of the University Interscholastic League rules.
- The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.
- If, in the judgment of any representatives of the school, the above student needs 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 to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.
- I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL..
- The UIL Parent Information Manual is located at www.uil.texas.org/files/athletics/manuals/parent-information-manual.pdf.

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

GENERAL INFORMATION

School coaches may not:

- transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: exception: See Section 1209 of the Constitution and Contest Rules),
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.