



# Texas Association of Private and Parochial Schools

## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION



STUDENT'S NAME \_\_\_\_\_ SPORT(S) \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ % OF BODY FAT: \_\_\_\_\_

PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

VISION R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED: Y N Pupils: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation **each** year of high school.

MEDICAL	NORMAL	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			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

Provider Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_



# Texas Association of Private and Parochial Schools

## PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



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

STUDENT'S NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

***In case of emergency, contact:***

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Explain any "Yes" answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in **TAPPS** practices, games or matches.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends do during exercise?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had high blood pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertrophic Cardiomyopathy?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any family member been diagnosed with Marfan's Syndrome?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infection (myocarditis, mononucleosis, etc.) in the past year?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?                     | <input type="checkbox"/> | <input type="checkbox"/> |

- 24. Have you ever had a stinger, burnner, or pinched nerve?
- 25. Are you missing any paired organs?
- 26. Are you presently under a doctor's care?
- 27. Are you currently taking any prescription or non-prescription medication or inhalers?
- 28. Do you have any allergies?
- 29. Have you ever been dizzy before or during exercise?
- 30. Do you currently have any skin problems (itching, acne, warts, fungus, or blisters)?
- 31. Have you ever become ill from exercising or working in the heat?
- 32. Have you had any problems with your eyes or vision?
- 33. Have you ever gotten unexpectedly short of breath with exercise?
- 34. Do you have asthma?
- 35. Do you have seasonal allergies that require medical treatment?
- 36. Do you use any special protective or corrective equipment?
- 37. Have you ever had a sprain, strain, or swelling after injury?
- 38. Have you broken or fractured any bones?
- 39. Have you ever dislocated any joints?
- 40. 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  | <input type="checkbox"/> | Shoulder  | <input type="checkbox"/> | Wrist  | <input type="checkbox"/> | Thigh     | <input type="checkbox"/> | Foot | <input type="checkbox"/> |
| Neck  | <input type="checkbox"/> | Upper Arm | <input type="checkbox"/> | Hand   | <input type="checkbox"/> | Knee      | <input type="checkbox"/> |      |                          |
| Back  | <input type="checkbox"/> | Elbow     | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Shin/Calf | <input type="checkbox"/> |      |                          |
| Chest | <input type="checkbox"/> | Forearm   | <input type="checkbox"/> | Hip    | <input type="checkbox"/> | Ankle     | <input type="checkbox"/> |      |                          |

- 41. Do you want to weigh more or less than you do now?
- 42. Do you lose weight regularly to meet weight requirements for your Extra-curricular activities
- 43. Do you feel stressed out?
- 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?

***Females Only***

- 45. When was your first menstrual period? \_\_\_\_\_
- 46. When was your most recent menstrual period? \_\_\_\_\_
- 47. How much time elapses from the start of one period to the start of another? \_\_\_\_\_days
- 48. How many periods have you had in the last year? \_\_\_\_\_
- 49. What was the longest time between periods in the last year? \_\_\_\_\_days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither **Texas Association of Private and Parochial Schools** 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 illness, 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, TAPPS 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 and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.***

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***For School Use Only:***

This Medical History Form reviewed by: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Texas Association of Private and Parochial Schools  
Student Acknowledgement of Rules**

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

Date of Birth: \_\_\_\_\_

Grade Level: 9      10      11      12

Is the student transferring from another high school this year?       YES       NO

This form must be completed by the student and parent/guardian each year prior to participation in TAPPS activities at the member school. In accordance with the TAPPS Constitution and By-Laws, we attest that the above named student:

- has not reached 19 years of age prior to September 1 of the current year.
- has not graduated from high school
- did not enroll in the ninth grade more than four years ago
- did not enroll in the tenth grade more than three years ago
- did not participate with or against high school students more than four years ago

Student presently resides with biological or adoptive parents?       YES       NO

If the student is not presently living with biological or adoptive parents,

- If a US citizen, the student must be in compliance with the rules set forth in Section 80 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.
- If not a US citizen, the student must be in compliance with the rules set forth in Section 102 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.

Student is a returning high school student or incoming ninth grade student?       YES       NO

If transferring from a high school,

- the student was withdrawn from the previous high school, enrolled in and attending the new school prior to the TRANSFER DEADLINES as posted on the TAPPS website.
- The student is in compliance with the provisions presented in Section 104 of the TAPPS By-Laws
- The student has not participated on a high school team, select, AAU, club, 7 on 7 team or similar organized activity coached or directed by a staff member at the new school in the past 12 months.

The above named student

- is a full time day student at the member school as defined in the TAPPS Constitution and By-Laws
- has not represented a college in any contest
- is in compliance with the TAPPS awards rule as presented in the TAPPS By-Laws
- is in compliance with all TAPPS eligibility requirements as presented in the TAPPS Constitution and By-Laws

The school has explained and we are/will be in compliance with the TAPPS governance pertaining to In Season, Off Season and Summer Participation.

The school has explained and we are/will be in compliance with TAPPS governance preventing unattached participation in TAPPS activities.

I understand and attest that the burden of proof pertaining to the eligibility of my child rests solely with the student and parents. In the event eligibility is subject to review, we will provide all information requested by TAPPS included but not limited to birth certificate, transcripts, financial information and all reasonable and pertinent information necessary to establish the student's eligibility to compete.

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
Student Signature / Date

## Texas Association of Private and Parochial Schools Student Acknowledgement of Rules

The health and safety of our student athletes is a primary concern of TAPPS and TAPPS member schools. In compliance with TAPPS governance, the school has

- Provided the school's injury reporting policy
- The school's day of contest attendance policy
- The school's return to play policy and procedures
- The school has provided education and training regarding:
  - **CONCUSSIONS**
  - **SUDDEN CARDIAC ARREST**
  - **STEROID ABUSE**
  - **HEAT STRESS** and
  - **DEHYDRATION**
  - **BLOOD BORNE PATHOGENS**
- We have provided the school with a current medical history and physical form which includes any previous or current injuries/conditions for the student prior to practice or participation.
- We will accurately report all injuries and illness to the school in a timely manner.
- We agree that the school may report all information pertaining to injuries to TAPPS or assigned entity.
- We agree that the student's name, likeness and information may be shared with TAPPS and other entities as determined by TAPPS.

The parent and student understand and agree that even though protective equipment may be worn and precautions taken, the possibility of accidental injury remains. Neither TAPPS, nor representative of TAPPS, assumes responsibility should an injury occur.

I attest that my child will abide by all TAPPS rules as they are presented in the TAPPS Constitution, By-Laws and Contest rules. I understand that if the student is found to be out of compliance with TAPPS rules and governance, the student's eligibility to compete and the school's eligibility to compete in any activity in which the student participated may be in question. The minimum penalty for participation by an ineligible player is forfeiture of contests in which the player participated.

I understand and agree that the executive management, control and final authority for this association rest with the TAPPS Executive Board. The Executive Board shall determine all governance and subsequent compliance therewith.

We attest that we are in compliance with all information presented in this Acknowledgement of Rules form. It is our understanding that non compliance with the terms presented may result in sanctions presented to the student, team and school.

By signature below, we attest that participation in TAPPS activities is voluntary and that the student/parents assume all risk for death, injury or personal loss to the participant. The undersigned promise to forever hold harmless the Texas Association of Private and Parochial Schools (TAPPS), its officers, employees and representatives against loss, damage or expense from any and all claims, demands or actions that may be brought against any or all of the said parties because of accident or occurrence while said participant is in route to or from, or participating in a TAPPS sponsored contest.

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
Student Signature / Date