



RED OAK ISD ATHLETICS

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2018-2019 Red Oak ISD Online Athletic Physical Instructions

For the 2018-2019 school year all athletic physical forms will be submitted electronically **except for the UIL Pre-Participation Physical and Medical History** forms which will be turned in to the Red Oak ISD Athletic Office.

The following forms will be completed and submitted electronically:

UIL Acknowledgement of Rules Form

UIL Concussion Form

UIL Steroid Form

UIL Cardiac Awareness Form

Red Oak ISD Athletic Guidelines and Code of Conduct Form

Red Oak ISD Student Athlete Information Form / Emergency Treatment Form

Steps to Complete Online Physical Forms:

- 1) On your computer, tablet, or smartphone go to <https://redoakisd.rankonesport.com>
- 2) Click on the "Electronic Participation Forms" tab.
- 3) Complete the forms listed on the page.
 - a. **You will need a current Red Oak ISD student ID number to complete the forms.**
 - b. Be sure to submit an electronic signature on each form.
 - c. Please enter a valid email address at the bottom of the form and you will receive a confirmation email once the document has been successfully submitted.
- 4) Click on the "Download and Print" tab; print the UIL pre-participation physical and medical history forms that must be completed by the parent/guardian and doctor.
 - a. You must have a physician's signature on the physical form.
- 5) Save a copy for your records.
- 6) Turn in your UIL pre-participation physical and medical history form to the Red Oak athletic trainers for review.

All UIL Pre-participation Physical and Medical History forms must be turned in to the Red Oak Athletic Office located at Red Oak High School's athletic field house. Do not turn in athletic physicals to coaches or to the middle school or high school campuses. The Red Oak athletic office is open weekdays during the school year from 7:30 AM to 4:00 PM and during the summer, Monday through Thursday, 7:30 AM to 4:00 PM.

All online forms must be completed before a student athlete will be allowed to practice/workout/tryout for a team.

If you have any questions please feel free to contact the Red Oak athletic department or the athletic training staff.

Todd Kiefer – Head Athletic Trainer

972 617 3535 ext. 6018 or at todd.kiefer@redoakid.org

Kearra Comer – Assistant Athletic Trainer

972 617 3535 ext. 6018 or at kearra.comer@redoakisd.org

Red Oak Athletic Office

972 617 4635

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 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: (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.

1. Have you had a medical illness or injury since your last check up or sports physical?
2. Have you been hospitalized overnight in the past year?
3. Have you ever had prior testing for the heart ordered by a physician?
4. Have you ever had a head injury or concussion?
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?
13. Have you ever gotten unexpectedly short of breath with exercise?
14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport 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?
16. Do you want to weight 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 cell disease?
19. When was your first menstrual period?
20. Do you have two testicles?
21. Do you have any testicular swelling or masses?

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

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

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, 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
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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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

PREPARTICIPATION 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.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
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			
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: _____

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: _____

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