## CISD requires an annual physical exam for Athletics, Marching Band, Cheerleading, Drill Team, ROTC and CISD Club Sponsored Athletic Teams.

2024-2025

CISD will not accept physicals or completed paperwork dated prior to April 15, 2024 unless your high school feeder is having their physical date prior.

<b>STUDENT – PARENT/GUARDIAN SECTION</b> This <b>MEDICAL HISTORY FORM</b> must be completed <b>annually</b> by paraguardian and student in order for the student to participate in activity. These questions are designed to determine if the student has developing condition which would make it hazardous to participate in an experiment this date and the beginning of participation, any illness or should occur that may limit this student's participation, I agree to not school authorities of such illness or injury. Explain "Yes" answers on the notes section provided on page 2. Circle guestions you don't know the answers to. Any "yes" answer to quest 8, 4, 5, or 6 requires further medical evaluation, which may include of examination. Written clearance from a physician, physician assistant thiropractor, or nurse practitioner is required before any participation paractices, games, or matches.	vities. loped vent. I injury otify t cle stions a physic t, on in U	f, he 1, 2, sical	<ol> <li>Have yo</li> <li>Have yo</li> <li>Have yo</li> <li>Do you</li> <li>Do you</li> <li>Do you</li> <li>14. Do you</li> <li>that are knee br</li> </ol>	bu had any probl ou ever gotten un have asthma? have seasonal a use any special en't usually used	ems with you nexpectedly sl lergies that re protective or o	r eyes or vision? nort of breath wi equire medical tr	Ye	es No
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<ul> <li>Have you ever had surgery?</li> <li>B. Have you ever had prior testing for the heart ordered by a physician?</li> <li>Have you ever passed out during or after exercise?</li> <li>Have you ever had chest pain during or after exercise?</li> </ul>	□ □ ?□	No	15. Have yo Have yo Have yo tendon <i>If yes, c</i> <i>H</i> <i>N</i> <i>B</i> <i>C</i> <i>S</i>	aid)? ou ever had a spin ou broken or frace ou had any other s, bones, or joint heck appropriate ad eck ack hest houlder	ain, strain, or tured any bor problems wit	swelling after inj nes or dislocated h pain or swellin	(for example, n your teeth, jury?	
Do you get tired more quickly than your friends do during exercise?			·					
Have you ever had racing of your heart or skipped heartbeats?							° □	
Have you had high blood pressure or high cholesterol?							🗆	
Have you ever been told you have a heart murmur?						or treated for sick	kle cell trait	
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?			Females (			ovide written info		
Has any family member been diagnosed with enlarged heart,			i entareo .		stion 19 but w	vill discuss with a	medical profession	al:
(dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc.),			19. When w	vas your first me	nstrual period	1?		
Marfan's syndrome, or abnormal heart rhythm?			When	vas your most re	cent menstru	al period?		
Have you had a severe viral infection (for example, myocarditis or			How m	uch time do you	usually have f	rom		
mononucleosis) within the last month?	🗆		the star	t of one period	o the start of	another?		
Do you have any lingering effects from a COVID diagnosis?	🗆		How m	any periods have	you had in th	ne last year?		
Has a physician ever denied or restricted your participation in activities for any heart problems?			What w	as the longest ti	me between j	periods in the las	st year?	
			Males On	<b>Iv</b> $\Box$ i ch	oose not to pr	ovide written info	ormation on	
<ol> <li>Have you ever had a head injury or concussion?</li></ol>	····· LJ						medical profession	al:
your memory?	🗆		20. Are you	missing a testic	e?			
If yes, how many times? When was your last concussion?		_	Do you	have testicular s	welling or ma	sses?		
How severe was each one? (Explain on the back of this page)								
Have you ever had a seizure?	🗆						d and understand dden Cardiac Arrest	
Do you have frequent or severe headaches?	🗆						ain an ECG for my	
Have you ever had numbness or tingling in your arms, hands, legs,							t is the responsibilit	y of
or feet?			my fami	y to schedule ar	d pay for such	n ECG.		
Have you ever had a stinger, burner, or pinched nerve?			Explain	all "ves"	answers	on the bac	ck of this pag	ae.
5. Are you missing any paired organs?	🗆		-	-		AL EXAMINE		,
5. Are you currently under a doctor's care for a specific medical issue? .	🗆		Jee Duck	of page for			A Section.	
<ol> <li>Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?</li> </ol>	🗆						d below) <mark>must be on f</mark> i ng or after school, (l	
3. Do you have any allergies (for example, to pollen, medicine, food,			in-season a	nd out-of-seasoı	n) or games/n	natches or perfor	rmances/competitie	ons.
or stinging insects)?			Alternativ	e Transportation	Permission	• UIL Forms Sign	nature Page	
Does this allergy require an EpiPen?			CISD Requ	ired Forms		<ul> <li>Acknowledge</li> </ul>	ement of Rules	
<ol> <li>Have you ever been dizzy during or after exercise?</li> </ol>	🗆			e Acknowledgem			Acknowledgement ent Steroid Agreemen	nt
<ol> <li>Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?</li> </ol>				o Participation Af dical Consultatior			liac Arrest Awareness	
For school use only This medica								

Signature

Printed name

Date

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Student's Name			Primary Sport			er 2024-25 Grade	e Date of Birth	
MEDICAL EXAM	INER SECT	ION						
Height:	Weight:	% Body Fat (option	Pulse:		BP:/(/:/) (brachial blood pressure while sitting)			
Vision: R – 20/	_ L – 20/	Corrected: 🗆 Y 🗆 N	N Pupi	ils: 🗆 Equal 🛛 l	□ Unequal	(brachial blood pressure wh	nile sitting)	
Medical	Normal	Abnormal Findings	Initials*	CLEARAN	ICF			
Appearance				Cleared				
Eyes/Ears								
Nose/Throat				Cleared a	fter completing	evaluation/rehabilitation for:	·	
Lymph Nodes								
Heart – Auscultation Supine position								
Heart – Auscultation Standing position				□ Not clear	ed for:			
Heart – Lower Extremity Pulses				Reason:				
Pulses				Recomn	nendations:			
Lungs								
Abdomen								
Genitalia (males only)								
Skin								
Marfan's stigmata (arachnodactyly, pectus escavatum, joint hypermobility, scoliosis)				a Physician A	Assistant license	<b>nust be</b> filled in and signed ed by a State Board of Physi rse recognized as an Advan	ician Assistant	
				by the Board	l of Nurse Exam	iners, or a Doctor of Chirop	ractic. Examination	
Neck Back				forms signe	d by any other	health care practitioner, y	<u>will not</u> be accepted	
Shoulder/Arm								
Elbow/Forearm				Name (print/	type):			
Wrist/Hand				Date of Exam	ination.			
Hip/Thigh				Dute of Exam				
Knee				Address:				
Leg/Ankle								
Foot				Phone Numb	er:			
* Station-based examinat	ion only			Physician's Sig	gnature:			
NOTES:								

The Conroe Independent School District (District) as an equal opportunity educational provider and employer does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in educational programs or activities that it operates or in employment matters. The District is required by Title VI and Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, as well as Board policy not to discriminate in such a manner. For information about Title IX rights or Section 504/ADA rights, contact the Title IX Coordinator or the Section 504/ADA coordinator at 3205 W. Davis, Conroe, TX 77304; (936) 709-7752.