
r example, knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
 Have you ever had a sprain, strain, or swelling after injury?
 Have you broken or fractured any bone or dislocated any joints?
 Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
 If yes, check appropriate box and explain below:

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|-----------|--------------------------|---------|--------------------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Head | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | Hip |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neck | <input type="checkbox"/> | Forearm | <input type="checkbox"/> | Thigh |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Back | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | Knee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chest | <input type="checkbox"/> | Hand | <input type="checkbox"/> | Shin/Calf |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Ankle |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Upper Arm | <input type="checkbox"/> | Foot | | |
16. Do you want to weigh more or less than you do? Q R Z
17. Do you feel stressed out?
18. Have you ever been diagnosed with or treated for a medical condition?

4.

Should any injury 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 GAME.

