

WYLIE ISD 2016-17

**WYLIE INDEPENDENT SCHOOL DISTRICT
PARENT/STUDENT ONLINE PACKET
INSTRUCTIONS**

Welcome to Wylie ISD athletics. This form contains instructions on completing the required athletic packet online. Please use the below checklist to make sure you have completed all forms. The website is <http://wylieisd.rankonesport.com>.

- Students/parents must complete and submit all paperwork before participating in any try-out, athletic class, before or after school practice, open gym/weight room, competition or travel.
- The UIL requires all students to use the UIL pre-participation physical examination form (also found on the UIL website)
- Students are required to have a new physical upon entering grades 7, 9 & 11(or if any yes answer to questions 1,2,3,4,5, or 6 of the annual medical history form may require a new athletic physical).
- If a physical is required use the form on the reverse side of this flyer. A physical must be completed by a physician and is not available online.

FORMS CHECKLIST

- WISD Emergency and Insurance Information Form
- UIL Steroid Agreement/Acknowledgement Form
- UIL Acknowledgement of Rules
- WISD Athletic Commitment Form
- UIL Sudden Cardiac Arrest Awareness Form
- UIL Concussion Acknowledgement Form
- WISD Drug Testing Consent Form
- UIL Medical History Form
- UIL Pre-Participation Physical (Not available online)

- Physical packets may be completed at school or in the athletic training room. If you need assistance please e-mail the athletic trainer of the feeder pattern your child attends. WHS eric.maxey@wylieisd.net or WEHS andrew.brockway@wylieisd.net

School Attending: _____

16-17

Student ID Number: _____

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.