



McGregor ISD UIL Physical Days

Dear Parent/Guardian,

McGregor ISD will be hosting UIL Physicals on campus through Goodside Health. This is a telehealth program that MISD has partnered with. There will be providers on-site for these physicals. We will have physicals at the high school gym on May 11th and at the junior high gym May 12th. These will be completely **free** to all MISD students that need a UIL physical to participate. These activities include athletics, marching band, cheer, and dance team.

Students that do not have a valid physical on file will not be able to participate next fall until they have one on file. This includes practices and competitions. The UIL requires that all incoming 7th, 9th, and 11th graders have a physical. Students that had surgery or became medically ineligible within the last year must also get a new physical before next fall. Any student that answers yes to specific questions on the UIL medical history form will also be required to have a new physical. These questions include 1-6 on the UIL Physical Form.

Below is a link for Goodside Health registration. Please have this completed prior to the date listed for your child's physical. If your child is not registered by the time physicals begin, they will not be allowed to participate.

What: UIL Physicals

Who: Incoming 7th-12th graders

When and Where: May 11th High School Gym and May 12th Junior High Gym

Cost: Free service

Requirements: Parents must register their child with Goodside Health, or they will not be able to have a physical done. They will also need the first page of the UIL Physical form completed and signed.

<https://goodsidehealth.com/whole-child-physicals/>

If you have any questions please feel free to email Coach Browder.

wbrowder@mcgregor-isd.org



UIL Physical Policy

There have been changes to this year's UIL Physical Policy, including who needs to get a physical for the 2022-2023 School Year. Please read the FAQ's on this document for your student to know if he/she will need to get a new physical (Page 1 and 2 of the UIL Physical Form), or if he/she will only need Page 1 of the UIL Physical Form. At the minimum, any student involved will need to fill out Page 1 of the UIL Physical Form (including proper signatures) and email to: [WBROWDER@MCGREGOR-
ISD.ORG](mailto:WBROWDER@MCGREGOR-ISD.ORG)

1. **ONLY** the UIL Physical form will be accepted. A copy can be printed from this link or from the coaching staff
https://www.uil texas.org/files/athletics/forms/PrePhysFormRvsd1_10_20.pdf.
2. Where to get a physical?
 - a. McGregor ISD Physical Days: May 11th High School and May 12th for Junior High; these physicals are free for MISD students (bring a signed UIL physical form with you)
 - b. Personal physician (Take a UIL Physical Form with you)
3. Completed Physicals (Physicals are complete with student and parent signature):
 - a. Create a PDF file (Iphone can create it or Camscanner app) and send to Wbrowder@mcgregor-isd.org
 - b. **NO JPEG**
 - c. **NO pictures accepted**
 - d. **ONLY PDF files or hard copies will be accepted**
4. Make sure on the front page of the UIL physical form, the student **AND** parent signature is completed.
5. Suggested completion date: May 25, 2022. The longer you wait, the longer it may take to review and accept your student's physical information.
6. If your student has asthma, allergies, diabetes, or seizures, an action plan may be needed from the physician before a physical can be considered complete. *An action plan is a document that must be obtained from your physician. This may delay your student's ability to begin participation.*

(Suggested date to receive completed physical is: May 25, 2022)

Questions? Email: Wbrowder@mcgregor-isd.org



FAQ's

Who needs to complete a physical with a physician?

- Any student athlete, band member, cheerleader, dancer who did not complete a physical for the 21-22 school year, or have it on file with McGregor ISD.
- Any student athlete, band member, cheerleader, dancer who became medically ineligible during the 21-22 school year.
- All incoming 7th, 9th, and 11th grade student-athletes.
- Any transfers to McGregor ISD that didn't have a UIL Physical on file with McGregor ISD during the 2021-2022 school year.
- Any student that had a surgery, and physician paperwork clearing student for activity was NOT given to McGregor ISD Coaching Staff.

My student has asthma, a seizure disorder, a cardiac condition, and/or diabetes. What will they need for the 2022-2023 season?

- If they had a cleared physical for the 2021-2022 season and do not need a new physical this year by grade: only the first page of the 2022 UIL Physical Form signed by the student and parent, a copy of their action plan (if needed), and the completed online forms.

My student has no underlying health conditions and had a completed physician's physical for the 2021-2022 season, what do they need for the 2022-2023 season?

- The first page of the 2022 UIL physical page completed with a parent and student's signature at the bottom and the correct online forms completed. (all incoming 7th, 9th, and 11th graders will need a new physical for 22-23 school year)

My student has no underlying health conditions and had a completed physician's physical for the 2021-2022 season, can I still go and get my student a physical with a physician for the 2022-2023 school year?

- Yes. Use the 2022 UIL Physical Form, and have all signatures complete on both sides of the form (parent, student, physician).

I have questions regarding my student's needs.

Please email Wbrowder@mcgregor-isd.org with any questions or concerns.



McGregor ISD Athletics Packet

Dear Parent/Guardian,

McGregor Athletics has started using RankOne Sport this year. The forms that have previously been found on paper are now online. Below is a link to instructions on filling out these forms. These are required each year for the UIL and the athletic department.

If your child's name isn't found, please send me and email at the address listed below with their full name (no nicknames please) and grade level so we can get them added to the system. We pulled the information from skyward earlier in the year. Some transfer athletes or athletes that have changed their schedule have not been added to the system yet.

This system will allow McGregor Athletics to better track athletes injuries, documentation, and communicate to parents when needed. If a message is sent to you using the RankOne system the email will show up from RankOne.

<https://www.rankone.com/tutorials/Parent%20tutorial%20with%20an%20account.pdf>

If you have any questions, please feel free to email Coach Browder.

wbrowder@mcgregor-isd.org

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 activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an 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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had prior testing for the heart ordered by a physician?
Have you ever passed out during or after exercise?
Have you ever had chest pain during or after exercise?
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?
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in activities for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost your memory?
If yes, how many times? _____
When was your last concussion? _____
How severe was each one? (Explain below)
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, hands, legs or feet?
Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|----------------------------------|------------------------------------|
| 13. Have you ever gotten unexpectedly short of breath with exercise?
Do you have asthma?
Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bones 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"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |
| 16. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only

19. When was your first menstrual period? _____
 When was your most recent menstrual period? _____
 How much time do you usually have from the start of one period to the start of another? _____
 How many periods have you had in the last year? _____
 What was the longest time between periods in the last year? _____

Males Only

20. Are you missing a testicle? _____
 21. Do you have any testicular swelling or masses? _____

An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

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

It is understood that even though protective equipment is worn by athletes, 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 participation, 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, PERFORMANCE 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 participation and again prior to first and third years of high school 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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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 performance/games/matches.