



MEMORIAL HIGH SCHOOL MUSTANG BAND

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT

SUZANNE SCOTT, DIRECTOR OF BANDS
JEFF MUNGER, ASSISTANT DIRECTOR OF BANDS

PRE-PARTICIPATION PHYSICALS FOR MARCHING BAND

When: Saturday, April 15, 2023 (8:00 a.m.–1:00 p.m.)
Where: Northbrook High School
Who: ALL students enrolled in Band and Color Guard for the 2023-2024 school year
Cost: \$10.00 or FREE for students on reduced lunch programs

What: SBISD in conjunction with the Memorial Hermann Health System is offering comprehensive, low cost physicals to all SBISD athletes and band members on **Saturday, April 15, 2023** at Northbrook High School. The physicals will be administered by primary care physicians, nurse practitioners, and physician's assistants associated with the Memorial City Medical Center. The cost is only \$10.00 for middle school and high school students. Payment may be made by cash or check. No insurance will be accepted. Free physicals are available for students who qualify for reduced lunch programs.

What to bring: Bring the required UIL Pre-Participation Physical Evaluation Form and any additional supplemental forms or documents (see attachments). Please print the Physical Form double sided (if possible). Complete the Medical History on the front (page 1) in **blue or black ink only**, including the student and parent signatures, prior to arriving at Northbrook. **No digital signatures will be accepted.** *If you wear glasses or contacts, please make sure you bring these as the physical examination includes a vision test.

Alternatives: This is not the only option available for receiving a physical examination. You can have your physical exam completed by your family physician or at a local clinic (e.g. CVS MinuteClinic, Walgreens Health Clinic, urgent care, etc.). **You must use the required UIL forms (see attached).** Note: At this time there is no make-up date available at the MHS Field House. We recommend students attend the Physical Day on April 15.

DUE DATE: All Pre-Participation Physical Evaluation Forms are due by **Thursday, May 18, 2023.** **Physicals must be completed and dated AFTER April 1st to be valid for 2023-2024.** If you complete the physical examination at an alternative location, please return your form to the MHS band directors by May 18. The MHS band directors will collect the physical forms from the incoming freshmen at the Marching Orientations on May 15 and May 16. The MHS band directors must have your UIL Pre-Participation Physical Evaluation Form on file prior to the first day of Summer Band camps. **All returning Mustang Band members must turn in their physical evaluation forms by Thursday, May 18 to be exempt from the final exam.**

Please do not hesitate to contact the Memorial High School band directors using the information below if you have any questions.

Sincerely,

Suzanne Scott
Band Office: 713-251-2522
Suzanne.Scott@springbranchisd.com

Jeff Munger
Band Office: 713-251-2686
Jeffrey.Munger@springbranchisd.com

REQUIRED PHYSICAL FORMS

SBISD requires students participating in marching band and/or athletics to have a physical every school year before they can participate in any activities, including Percussion Camp, Color Guard Camp, and Summer Band rehearsals. Parents must complete the first page Medical History using blue or black ink only. We will not accept forms completed with pencil or any other color ink. Please include the student signature and parent signature at the bottom of the first page. Digital signatures will not be accepted. A medical professional must complete and sign the second page Physical Examination. **The physical exam must be dated after April 1st to be valid for the following school year.** When printing the UIL Pre-Participation Physical Evaluation Form at home, please print two sided (front and back). Note: When completing the form, please enter your grade for the next school year and Memorial HS for the school name.

The UIL Pre-Participation Physical Evaluation Form is available at:

https://www.charmsoffice.com/charms2/SchoolFilesNew/MemorHSB/public/PreParticipationPhysical_BAND.pdf



SUPPLEMENTAL FORMS

If you carry an inhaler for asthma, have a prescribed Epi-Pen, or have been diagnosed with diabetes, you must print and return the appropriate form below. Your doctor must complete and sign the form. Please return any supplemental forms along with your Pre-Participation Physical Evaluation Form.

If you carry an inhaler for asthma, you and your doctor will need to complete the Inhaler Form: <https://springbranchisd.rankonesport.com/Images/Logos/PhysicianStatementInhaler.pdf>



If you have a prescribed Epi-Pen, you and your doctor will need to complete the Epi-Pen Form: <https://springbranchisd.rankonesport.com/Images/Logos/PhysicianStatementEpiPen.pdf>



If you have diabetes, you and your doctor will need to complete the Diabetes Form: <https://springbranchisd.rankonesport.com/Images/Logos/PhysicianAuthorizationDiabetes.pdf>



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.

1. Have you had a medical illness or injury since your last check up or physical? Yes No
2. Have you been hospitalized overnight in the past year? Yes No
3. Have you ever had surgery? Yes No
3. Have you ever had prior testing for the heart ordered by a physician? Yes No
4. Have you ever passed out during or after exercise? Yes No
4. Have you ever had chest pain during or after exercise? Yes No
4. Do you get tired more quickly than your friends do during exercise? Yes No
4. Have you ever had racing of your heart or skipped heartbeats? Yes No
4. Have you had high blood pressure or high cholesterol? Yes No
4. Have you ever been told you have a heart murmur? Yes No
4. Has any family member or relative died of heart problems or of sudden unexplained death before age 50? Yes No
4. 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? Yes No
4. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Yes No
4. Has a physician ever denied or restricted your participation in activities for any heart problems? Yes No
4. Have you ever had a head injury or concussion? Yes No
4. Have you ever been knocked out, become unconscious, or lost your memory? Yes No
4. If yes, how many times? _____
4. When was your last concussion? _____
4. How severe was each one? (Explain below)
4. Have you ever had a seizure? Yes No
4. Do you have frequent or severe headaches? Yes No
4. Have you ever had numbness or tingling in your arms, hands, legs or feet? Yes No
4. Have you ever had a stinger, burner, or pinched nerve? Yes No
5. Are you missing any paired organs? Yes No
6. Are you under a doctor's care? Yes No
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Yes No
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Yes No
9. Have you ever been dizzy during or after exercise? Yes No
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Yes No
11. Have you ever become ill from exercising in the heat? Yes No
12. Have you had any problems with your eyes or vision? Yes No
13. Have you ever gotten unexpectedly short of breath with exercise? Yes No
13. Do you have asthma? Yes No
13. Do you have seasonal allergies that require medical treatment? Yes No
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)? Yes No
15. Have you ever had a sprain, strain, or swelling after injury? Yes No
15. Have you broken or fractured any bones or dislocated any joints? Yes No
15. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes No
15. If yes, check appropriate box and explain below:
15. Head Neck Elbow Forearm Hip
15. Back Wrist Thigh
15. Chest Hand Shin/Calf
15. Shoulder Finger Ankle
15. Upper Arm Foot
16. Do you want to weigh more or less than you do now? Yes No
17. Do you feel stressed out? Yes No
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? Yes No
Females Only
19. When was your first menstrual period? _____
19. When was your most recent menstrual period? _____
19. How much time do you usually have from the start of one period to the start of another? _____
19. How many periods have you had in the last year? _____
19. 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.