
with

exercise?

Do you have asthma?

Do you have seasonal allergies that require medical treatment?

Do you use any special protective or corrective equipment or devices that are usually used for your D F W L W L W \ or position (for 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 bones or dislocated any joints?

Have you had any other problems with pain or

Failure to provide truthful responses could subject the student in question to penalties determined by the UIL. If you 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/Gardian 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 CONTEST BEFORE, DURING OR AFTER SCHOOL.

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