

Commerce Athletic Training

To: Commerce ISD Student-Athletes and Parents

From: Amanda Herron MS, ATC, LAT

Head Athletic Trainer

Subject: Student-Athlete Pre-Season Forms

Attached are the instructions to complete the medical paperwork for participation in any athletic activities for the 2022-2023 athletic year. **ALL STUDENT-ATHLETES must complete the medical history and UIL forms prior to the start of your season to compete each year**. UIL forms will be completed electronically on RMA. Please keep in mind that this form is confidential and is for your benefit.

Physical Exam:

Needs to be completed by a Medical Doctor (*incoming 7th, 9th and 11th graders*). The physical form is attached. Physicals will be provided during the school day this spring free of charge. All forms must be completed prior to receiving a physical exam. Physical Date is April 27th, students will be bussed to Sulphur Springs. Physicals will be conducted by Christus Trinity Mother Frances Health System providers. If the Medical history and forms are not completed prior to 4/25/22 you will be responsible for getting your child a physical.

REGISTER MY ATHLETE(RMA):

New system that is more athletic department friendly. This program will allow us as an athletic department to complete rosters with UIL, transfer paperwork, injury tracking, and treatment sign ins. You will need to complete the 1 time registration for each of your athletes at the instructions and link below. There is also a link and instructions in the Parent Square message as well. Every athlete will need to complete a registration. Detailed instructions on the the reverse side. As a PARENT 1 Account, able to complete a profile for each Student-Athlete under your 1 parent account.

Instructions for RMA

Please use Google Chrome or Firefox to register.

- 1. Go to <u>www.registermyathlete.com</u>
- 2. Click *Login* in the upper right-hand corner
- 3. Click Create Account
- 4. Select that you will be using the site as a **Parent.**
- 5. Enter **PARENT INFORMATION.**
- 6. Click Create an Account
- 7. Click the **Parent button**
- 8. Click Start/Complete a Registration on the left side of the screen
- 9. Click **Start a New Registration**
- 10. Follow the prompts to register your athlete for a sport. Register each athlete 7-12th grades **COMPLETE ALL of the forms and electronic signatures.
- 11. Complete a New Registration for EACH ATHLETE

Return FORMS by **APRIL 13th**th to: **Amanda Herron at CHS.**

Head Athletic Trainer Office: 903.886.3756 Fax: 903.886.6209

Email: amanda.herron@commerceisd.org

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

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ms with my child. The above student may receive a provided physical examination during school hours by a licensed provider unaccompanie parent or guardian. dent Signature: Any yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical exam. Written clearance from a physician, ph									ir
dent Signature: Date:	ne forms is accurate and correct, including all electronic s	ignatu	res. As	s guar	dian, I take fu	ll responsibilit	y for reading and completi	ng UİL	
dent Signature: Date:	•	d phys	ical ex	kamin	ation during s	chool hours by	a licensed provider unacc	ompan	iie
Any yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical exam. Written clearance from a physician, ph	arent or guardian.	-			3		-	_	
Any yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical exam. Written clearance from a physician, ph									
		t/Guar	dian S	Signat	ure:		Date:		
	ent Signature:Paren	<u></u>							
				n whic	h may include o	a physical exam.	Written clearance from a phy	sician,	ph

_ Date___

_ Signature_

This medical history form was reviewed by: Printed Name: ___

PREPARTICIPATION PHYSICAL EVALUATION - PHYSICAL EXAMINATION

Student's Name		Gender	Age	Date of Birth	
Height Weight	Pulse	Blood Pressur	e	/(,	/)
Vision: R 20/ L 20/	Corrected: [□YES □NO	Pupil	s: □ EQUAL □ UNEQU	AL
As a requirement of Commerce ISD, this year (7-12 th grades).	is PHYSICAL EX	KAM FORM must b	e comple	ted prior to athletic par	ticipation each
MEDICAL	NORMAL	ABN	ORMAI	FINDINGS	INITIAL*
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					
Sickle Cell Trait Testing*	++				
Marfan's Stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)					
MUSCULOSKELETAL	, , , , , , , , , , , , , , , , , , , 				
Neck	+				
Spinal Screening	+				
Shoulder/Arm	+				
Elbow/Forearm	+ +				
Wrist/Hand	+				
Hip/Thigh Knee	+ +				
Leg/Ankle	+				
Foot	+				
CLEARANCE □ Cleared					
\square Cleared after completing evaluation/ reha	abilitation for:				
☐ Not cleared for:		Reason:			
Recommendations:					
The following information must be filled Physician Assistant Examiners, a Advance Examiners, or a Doctor of Chiropractic. E	ed Practice Nur	rse recognized as a	n Advance	ed Practice Nurse by the	Board of Nurse
Name (Print):			Exa	m Date:	
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.