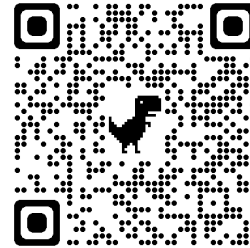


Physical Upload Instructions

Using your phone is the easiest way to upload the physical

In your web browser go to wylieisd.rankonesport.com



1. Click on “Proceed To Online Forms”

Proceed To Online Forms

2. Click on “Continue as a guest”

Email

Password

Login

Continue as a guest

3. Click on “Physical Upload Form”

Physical Upload Form ?

To access a blank copy of the Physical/Medical History form, please click on the link below.

4. Enter students last name and ID number in the respective boxes. Click off to the side and the other fields will autofill.

Student First Name:

Required

Student Last Name:

Required

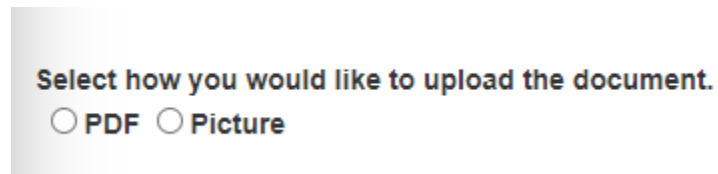
Student ID:

Required

School Attending in 2022 - 2023:

Required

5. Select “picture”



6. Choose “take photo” and take a picture of the side with the doctor's signature as shown below. **NOTE: ONLY UPLOAD THIS FORM.**

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ (_____/_____/_____) (rest/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 any 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			
Morfan'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 practitioners, 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.

7. Enter your name and sign

8. Click “I Agree” and enter an email address

9. Click “Submit”

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

05/19/2022

Please continue your signature. 

Pursuant to the New Mexico Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge.

☐

I Agree

Notification Email:

If the student is 18 and completing the form themselves, please enter their email. If the student is under 18 or the parent/guardian is completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.

Submit

Once those steps are done, The physical will be approved by an Athletic Trainer and it will be valid for one year.

If you have any questions contact Jonathan Stinson at jonathan.stinson@wylieisd.net