The Time is NOW!!

It is time for all **DUBEAST Raiders** to get their athletic paperwork done for the 2022-2023 school year.

The following items are due by **May 16, 2022**.

Go to **wylieisd.rankonesport.com** to fill out all online forms.

- ☐ Emergency and Insurance information Form
- ☐ Medical History
- ☐ Athletic Commitment Form
- ☐ UIL Signature page

PHYSICALS

All athletes must have a current physical to participate in ANY athletic activities including tryouts and workouts during the athletic period. All physicals are valid for one calendar year.

The physical form (backside of this page) must be completed by a Physician, Physician's Assistant, Certified Nurse Practitioner, or Chiropractor. The form must then be uploaded to the wylieisd.rankonesport.com website. The upload page on the site will only take one attachment. Please only upload the physical form and nothing else.

Physicals must be completed and uploaded, OR a physical appointment made with your preferred provider by May 16, 2022.

All Rank One forms including a valid physical must be completed by July 27th 2022 for Cross Country, Volleyball, Football, and Tennis. All other sports must have it completed by August 10th, 2022.

For any questions or technical issues with Rank One please email jonathan.stinson@wylieisd.net or taylor.hanes@wylieisd.net

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.