

## Athletic Pre-Participation Physicals

Physicals will be offered on **Thursday, Aug. 4**  
(12:00 noon) in the **SVHS Field House**.

**Cost: \$25 (checks made payable to: TPC FAMILY MEDICINE )**

### **Medical History**

Parent/Guardian should complete the student's information at the top, and be sure **that they filled in either "Yes" or "No" for all the medical history questions.** ALL "Yes" answers need to be explained in the box provided or on a separate paper. This MUST be completed by parent prior to receiving a physical. Both parent and student have signature blanks at the bottom of this page. **Students sign on the left, Parents sign on the right.**

### **Physical Examination**

**Name, Sex, Age, Date of Birth** needs to be filled in **before the physical**. All other information will be filled in by the physician/medical assistants at the time of the physical.

Please fill out the following and bring it with you to the physical exam:

TPC Family Medicine Clinic  
3107 TPC Parkway, STE #102  
San Antonio, Texas 78259  
Office: 210-338-8800 Fax: 210-338-8825  
[tpcfamilymedicine@yahoo.com](mailto:tpcfamilymedicine@yahoo.com)

### PATIENT INFORMATION FOR ATHLETIC PHYSICAL EXAMINATION

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, Texas

Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cost \$25 – make out checks to TPC Family Medicine**

# **2016-17 ATHLETIC PAPERWORK**

## **ONLINE FORM**

### **Emergency Information and Insurance Form**

(Includes C.I.S.D. Emergency Card with HIPPA Release, UIL Acknowledgement of Rules, C.I.S.D. Athletic Code, Acknowledgement of Risk, Parent Permission Statement, C.I.S.D. Extracurricular Insurance Policy, UIL Steroid Acknowledgement/Agreement Form, UIL Sudden Cardiac Arrest Awareness Form, UIL Concussion Acknowledgement Form, and Release of Liability)

This form is now filled out and submitted online. This form must be completed before a student participates in any practice, before, during or after school (both in-season and out-of-season) or any games/matches.

To fill out this form:

Go to [www.comalisd.org](http://www.comalisd.org)

Scroll to the bottom of the page, under Departments, click on "Athletics"

On the Athletics page, look under Department Links and click on "Athletic Forms", then click on "Emergency Information & Insurance Form"

This will take you to the online form to fill out.

There are required fields that must be completed in order to submit the form. If the required field does not apply, then simply enter "None" or "N/A".

**Indicate the school you will be attending for the 2016-17 school year  
and use the grade you will be attending in the 2016-17 school year.**