



Guide to AISD Athletics Physicals

Lively MS Athletics

AISD Physicals

01

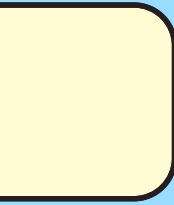
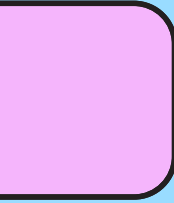
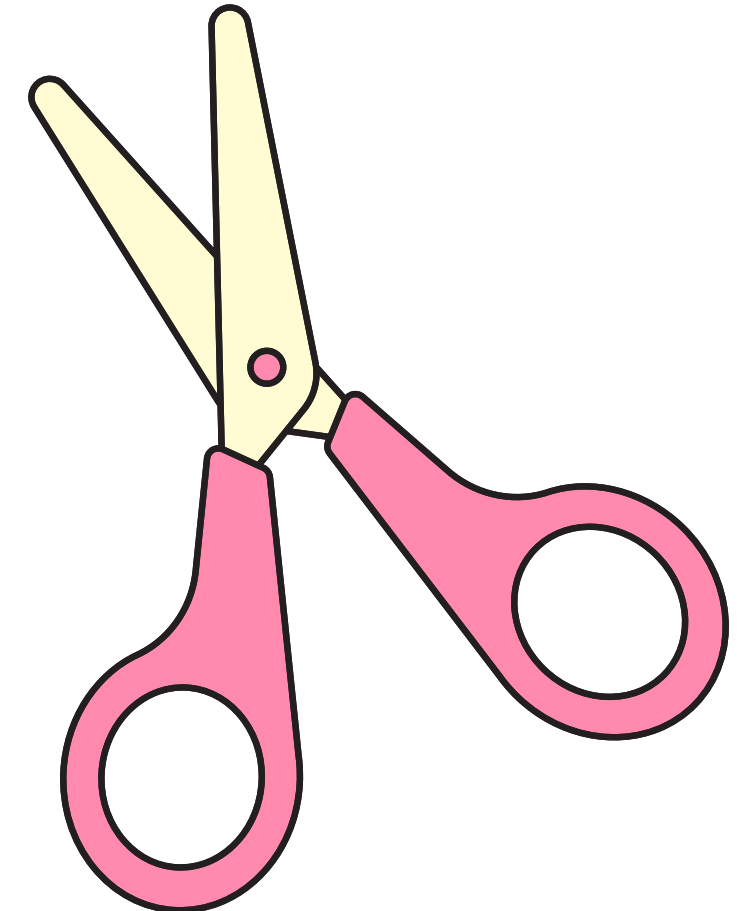
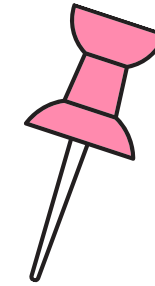
Medical History

02

Physical

03

Online Forms



NEW: 2026-2027

01

Physicals **MUST** be digitally uploaded into the Rank One system.

02

Coaching staff and Front office can no longer accept physicals.

Top of the Page

AUSTIN INDEPENDENT SCHOOL DISTRICT (AISD)
2026-2027 MEDICAL HISTORY & PREPARTICIPATION PHYSICAL EVALUATION FORM SCHOOL (26-27) _____

LAST NAME: _____	FIRST NAME: _____	SEX: _____	DATE OF BIRTH: _____	STUDENT ID #: _____	GRADE (26-27): _____
ADDRESS: _____		CITY: _____	ZIP CODE: _____	PHONE: _____	
EMERGENCY CONTACT: NAME: _____		PHONE: _____	RELATIONSHIP TO STUDENT: _____		

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE, OR CONTEST BEFORE, DURING, OR AFTER SCHOOL, INCLUDING AN ATHLETIC PERIOD.

**This part needs to be filled out completely by parent in
ink!**

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

answers in the box below**. Circle questions you don't know the answers to.

	YES	NO
medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>
hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
ever told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
member or relative died of heart problems or of sudden unexpected death before age 35?	<input type="checkbox"/>	<input type="checkbox"/>
ever been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, BrS, or abnormal heart rhythm)?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a severe viral infection (ex: myocarditis or mononucleosis) within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____	<input type="checkbox"/>	<input type="checkbox"/>
most recent concussion? _____	<input type="checkbox"/>	<input type="checkbox"/>
each one? (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>
ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
ever had frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
ever had any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
ever required doctor's care for a specific illness, injury, or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
ever been taking any prescription or non-prescription (over-the-counter) medication/supplements?	<input type="checkbox"/>	<input type="checkbox"/>
ever had allergies (ex: to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
ever had personal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
ever been fainted?	<input type="checkbox"/>	<input type="checkbox"/>
ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
ever had current skin problems (ex: itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>
ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
ever had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
ever been often unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
ever had asthma?	<input type="checkbox"/>	<input type="checkbox"/>
ever used an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
ever used special protective or corrective equipment or devices that aren't usually used for sports participation (ex: knee brace, special neck roll, foot orthotics, retainer on your teeth, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
ever had a broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
ever had other problems with pain, or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>

Medical History

If you answer yes to any questions, you must explain your response.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

Bottom of the Page

Make sure both you and your student sign this section.

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/Guardian Signature: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION - PHYSICAL EXAMINATION

All students participating in athletics, marching band, cheerleading, drill team, and dance will be required to obtain a new physical exam dated after April 15, 2026 prior to participating in any practice or activity for the 2026-2027 school year.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
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 pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Marfan's Stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Height _____ Weight _____ %Body Fat (opt) _____ BP _____ / _____ (brachial blood pressure while sitting)

Vision R 20/ _____ L20/ _____ Corrected: Y N Pupils: Equal or Unequal Pulse _____

Right Side of Page

- This portion needs to be done by a physician, nurse, or PA.
- The clinic must include their address, phone number and valid signature- a stamp is preferred.
- The date of examination needs to be after April 15, 2026.

CLEARANCE (Please check one)

Cleared (No restrictions)

Cleared **AFTER** completing evaluation/rehabilitation for: _____

Not cleared for: _____

Reasons: _____

Recommendations: _____

The following information must be used in and signed by either a Physician, a Physician Assistant licensed by the 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.

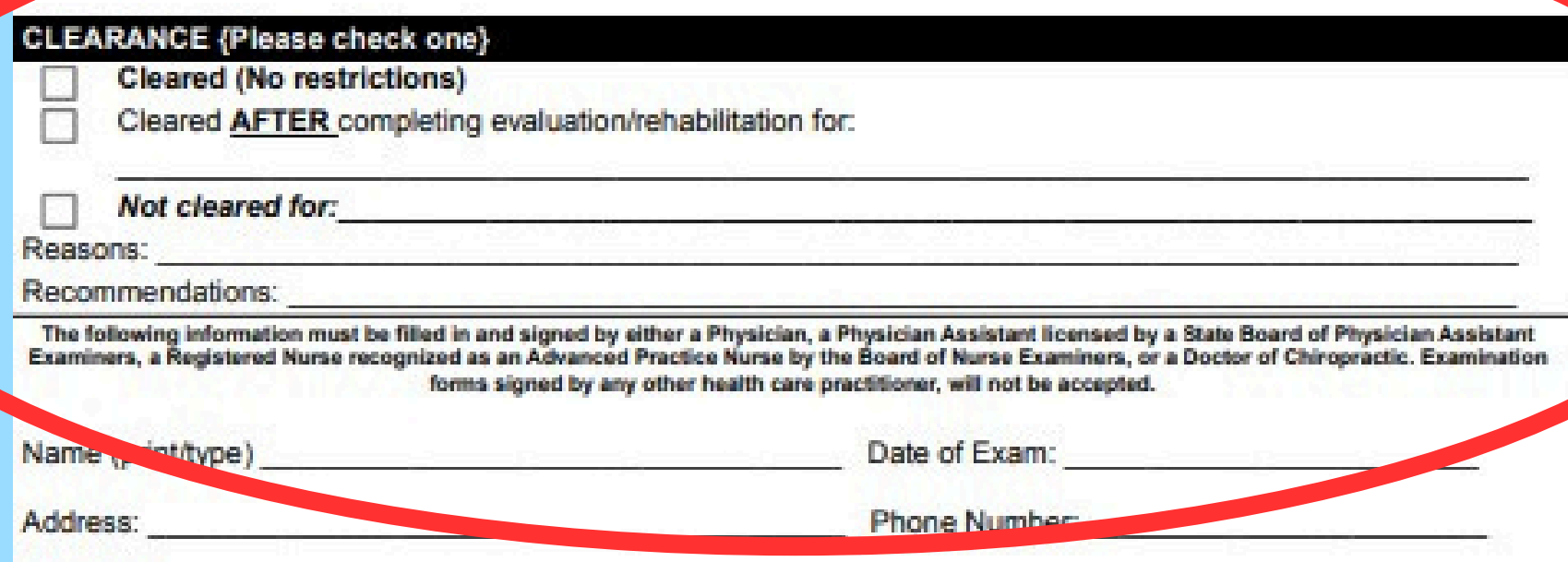
Name (print/type) _____ Date of Exam: _____

Address: _____ Phone Number: _____

Signature: _____

_____ (SD requires that each participant to have an annual physical dated after April 15, 2026 to be eligible for the 26-27 school year.

Right Side of Page



CLEARANCE (Please check one)

Cleared (No restrictions)

Cleared AFTER completing evaluation/rehabilitation for: _____

Not cleared for: _____

Reasons: _____

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 Exam: _____

Address: _____ Phone Number: _____

Signature: _____

Austin ISD requires that each participant to have an annual physical dated after April 15, 2026 to be eligible for the 26-27 school year.

- Ensure the clinic marks cleared.
- If they mark “Cleared AFTER” then you will need to take care of that additional visit before uploading physical. You will need to include proof of that additional visit.
- Example of Cleared After- cardiologist, neurologist, eye doctor, etc.

How To Turn In

- You must digitally upload all Sports physical documents to Rank One system.

Austin ISD Forms

2026/2027

Please Note: Rank One does not determine student eligibility. If you have questions regarding eligibility, please contact your school directly.

Electronic Documents to be submitted by the parent

UIL/AISD Forms

Physical and Medical History Upload Form [?](#)

To access a blank copy of the Physical/Medical History form, please click the Download and Print tab on the right hand side of the page.

Emergency Contact Information

AISD Parental/Guardian Consent

Scan



[Click here to go to online forms!](https://austinisd.rankonesport.com)
[Link- austinisd.rankonesport.com](https://austinisd.rankonesport.com)

Digital Upload

Student First Name: <input type="text"/> Required	Student Last Name: <input type="text"/> Required	Student ID: <input type="text"/> Required	School Attending in 2026 - 2027: <input type="text" value="---"/> Required
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Physical and Medical History Upload Form

Austin ISD 2026/2027

Do not use your browser's autofill function to complete the forms. Please manually type in all information.

Medical History/Physical Upload Form

- If using the new 1-page form, upload a copy in Page 1 only.
- If using a form with medical history and physical exam on separate pieces of paper, upload both pages separately below.
- All uploads must be clear, complete, and legible.

Select how you would like to upload the document.

PDF Picture

Upload page 1 Physical

Select the file to upload. (.pdf)

Drag and drop your file here or use the Select button to browse for the file

Upload page 2 Physical

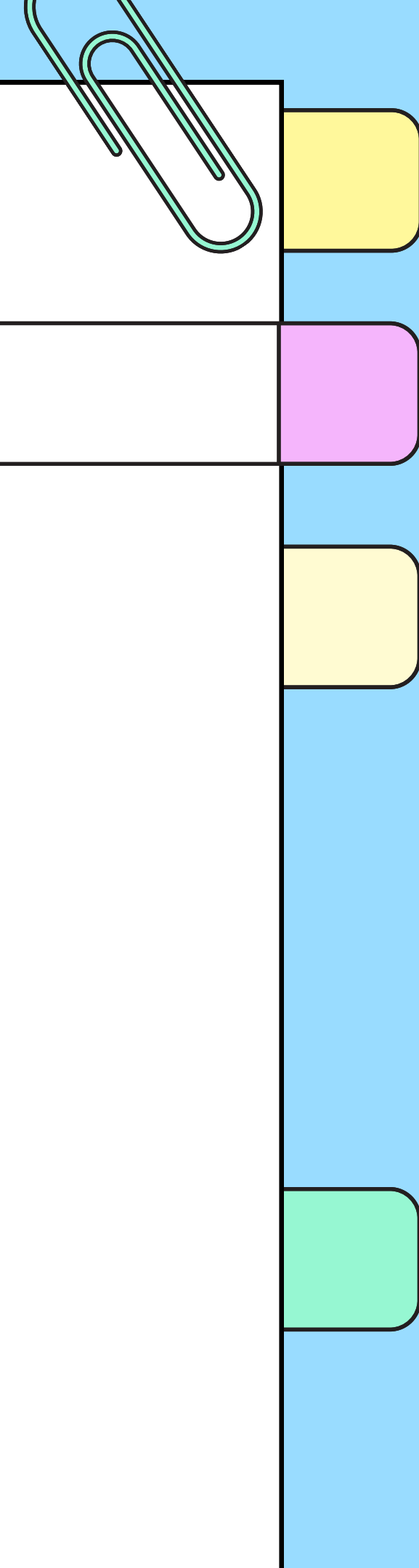
Select the file to upload. (.pdf)

Drag and drop your file here or use the Select button to browse for the file

[Click Here for a English copy](#)

[Click Here for a Spanish copy](#)

- Make sure to select whether uploading PDF or picture.
- Must sign and hit “I Agree” and then submit at the bottom of the page.
- New 26-27: if using new 1 page form, upload only in Page 1 box.

A paperclip is attached to the top right corner of a white paper. Below it, a stack of papers is visible, with colored tabs on the right edge: a yellow tab, a pink tab, a yellow tab, and a green tab. The background is light blue.

**You are done with physical
paperwork, now its time for
online forms!**

Online Forms

[Click here](#) to go to online forms!

[Link- austinisd.rankonesport.com](https://austinisd.rankonesport.com)



Online Forms

Austin ISD English Español

HOME

Welcome to the Parent Portal!

Once you have reviewed the instructions [Click Here](#) to proceed to online forms

We would like to thank you for taking part in our process of submitting athletic participation paper work online. This automated process will allow us to be more efficient in handling the forms as well as saving valuable resources. All forms can be submitted in this manner except for the Pre-Participation Physical and Medical History.

**Click here to
start**

Online Forms

Welcome to the Parent Portal!

We recommend that all parents create an account. Without a parent account you will not be able to see your student's status.

Email

Password

[Login](#) [Continue as a guest](#)

[Forgot your password? Click here](#)

[Login with Facebook](#)

[Login with Google](#)

[New to Rank One? Create New Account](#)

[Search for your account](#)

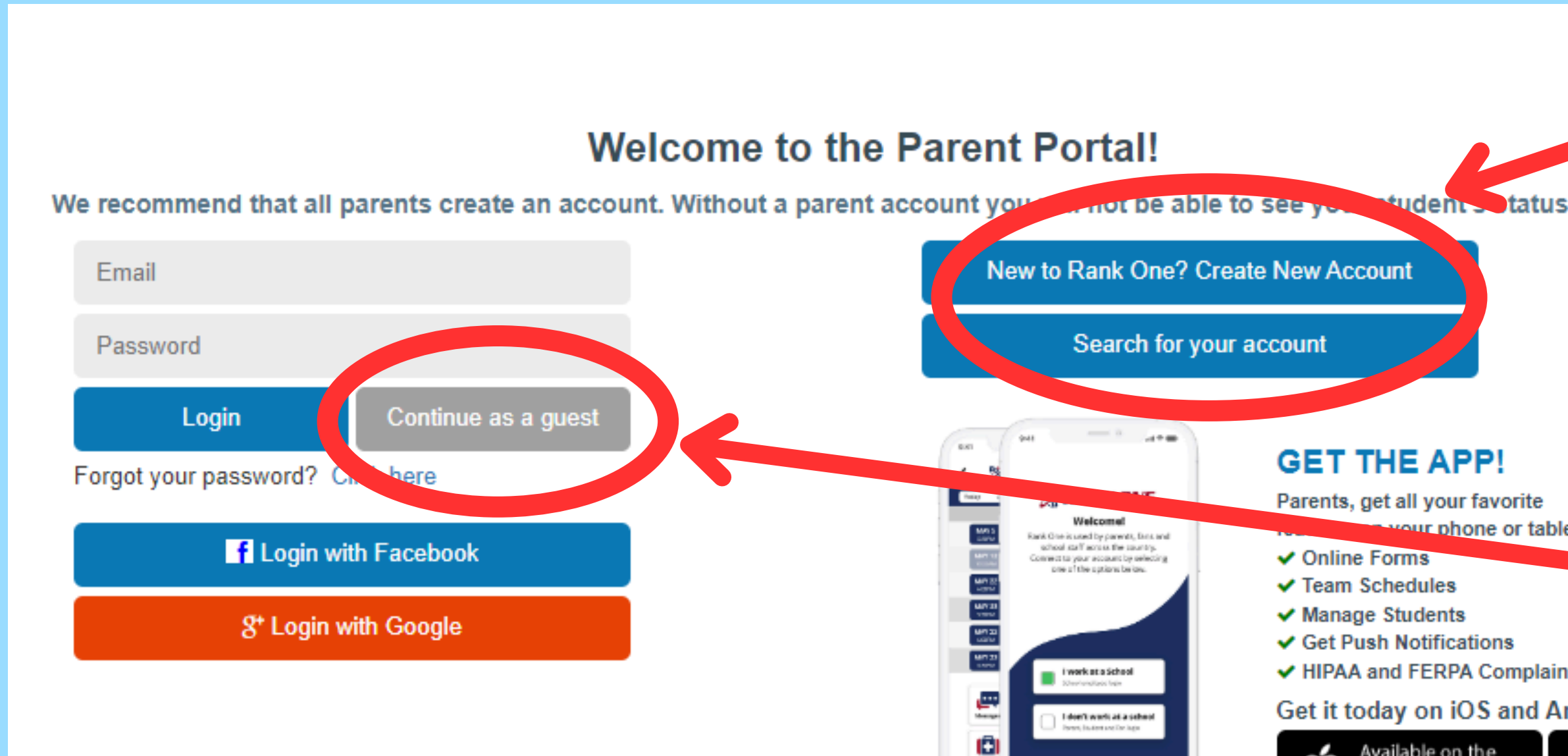
GET THE APP!

Parents, get all your favorite Rank One features on your phone or tablet.

- ✓ Online Forms
- ✓ Team Schedules
- ✓ Manage Students
- ✓ Get Push Notifications
- ✓ HIPAA and FERPA Compliant

Get it today on iOS and Android.

Available on the



You can create an account.

Or continue as a guest.

Online Forms

There are three separate forms to do online.

Austin ISD Forms

2026/2027

Please Note: Rank One does not determine student eligibility. If you have questions regarding eligibility, please contact your school directly.

Electronic Documents to be submitted by the parent

[UIL/AISD Forms](#)

[Physical and Medical History Upload Form](#) 

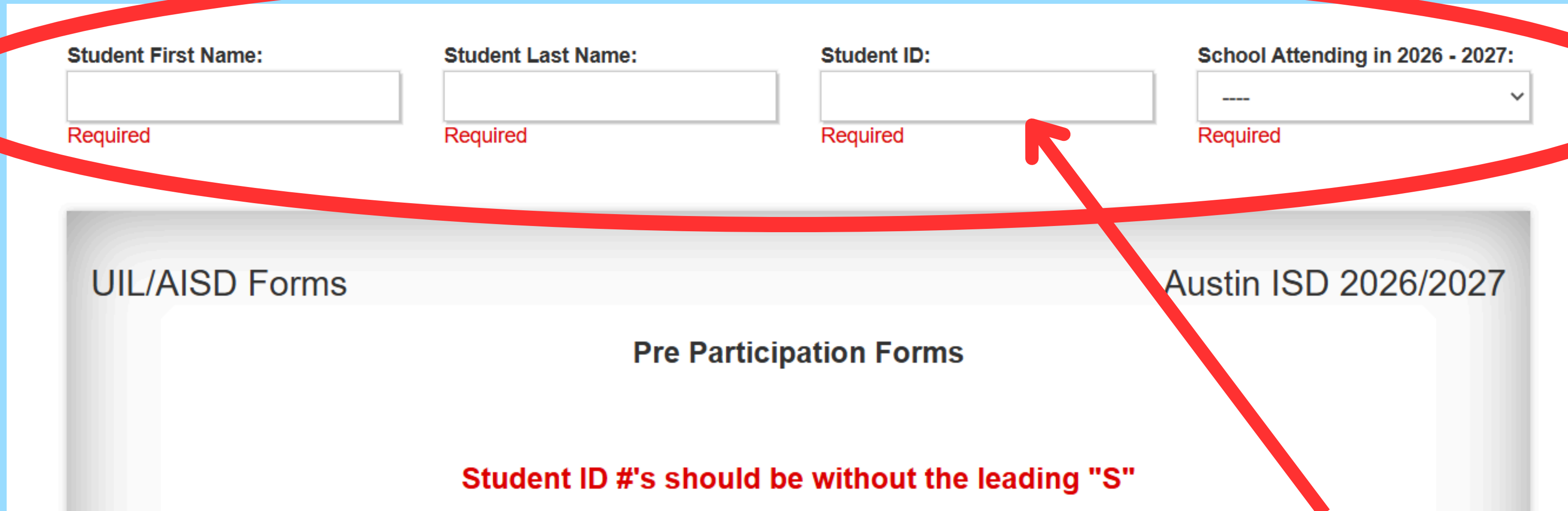
To access a blank copy of the Physical/Medical History form, please click the Download and Print tab on the right hand side of the page.

[Emergency Contact Information](#)

[AISD Parental/Guardian Consent](#)

1. **UIL/AISD Forms**
2. **Emergency Contact Information**
3. **AISD Parental/Guardian Consent**

UIL Form



Student First Name: Required

Student Last Name: Required

Student ID: Required

School Attending in 2026 - 2027: Required

UIL/AISD Forms Austin ISD 2026/2027

Pre Participation Forms

Student ID #'s should be without the leading "S"

If your student has hyphenated last names, please include that.

Must fill this out completely.

Put student ID # without the S.

UIL Form

- 1. Physical Requirements
- 2. Acknowledgement of Rules
- 3. Concussion Acknowledgement Form
- 4. Concussion Return to Play Protocol
- 5. Sudden Cardiac Arrest Awareness Form
- 6. UIL Safety Training
- 7. Parent/Student Steroid Agreement Form
- 8. Helmet Consent Form
- *STILL REQUIRED TO ACKNOWLEDGE IF NOT PLAYING FOOTBALL***
- 9. Parent Information Manual
- 10. Austin ISD Athletics Accident Insurance

Each link must be clicked and opened.

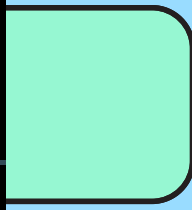
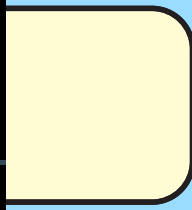
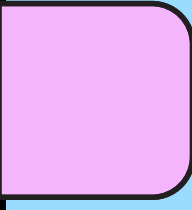
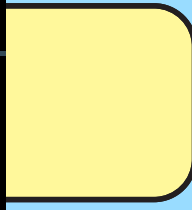
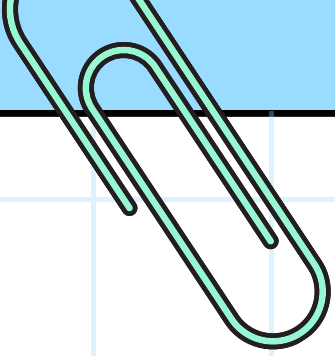
Must fill this out completely.

UIL Form

The image shows a digital form for a UIL (University Interscholastic League) document. At the top left, there is a section for "Parent/Guardian Signature" with a large dashed rectangular box for the signature. To the right of this box is a "Date" field. Below the signature box, there is a blue circular refresh icon and the text "Please continue your signature." Below this is a paragraph of legal text regarding the Texas Uniform Electronic Transmissions Act. To the right of the text is a checkbox labeled "I Agree". At the bottom of the form is a "Notification Email" field with a text input box and a "Submit" button. Three red arrows point to the signature area, the "I Agree" checkbox, and the "Submit" button.

Make sure to add signatures, parent email and click "I agree" before submitting.

If something is missing, it will not let you submit.



You are done with UIL/AISD form, now you must complete contact information form!

Contact Info

Student First Name:

Required

Student Last Name:

Required

Student ID:

Required

School Attending in 2026 - 2027:

Required

Emergency Contact Information

Austin ISD 2026/2027

Emergency, Insurance and Medication Information
(Type "NONE" if Information is not available)

Student ID #'s should be without the leading "S"

Start here and follow instructions to complete. Make sure the student ID does not have the S in front.

Contact Info

Emergency, Insurance and Medication Information

(Type "NONE" If Information is not available)

Student ID #'s should be without the leading "S"

Student Last Name

Student First Name

Date of Birth

Grade

Gender

Age

School

School ID#

Address

Apt. #

City

Zip

Parent/Guardian 1

Home Phone

Work Phone

Cell Phone

Email Address

Parent/Guardian 2

Home Phone

Work Phone

Cell Phone

Email Address

Person to notify other than parent/guardian in an emergency if parent/guardian cannot be reached:

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number



Complete entire form and if the information is not available, please type none or NA. Do not leave any blanks!

Contact Info

Person to notify other than parent/guardian in an emergency if parent/guardian cannot be reached:

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number

Family physician

In case of emergency, which hospital do you prefer

Allergies

(Please enter one value at a time by using the Add Allergies feature)

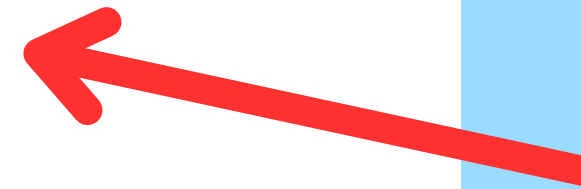
Medical Conditions

(Please enter one value at a time by using the Add Medical Conditions feature)

Medications

(Please enter one value at a time by using the Add Medications feature)

Complete entire form and if the information is not available, please type none or NA. Do not leave any blanks!



NEW!

The Allergies, Medical Conditions and Medications features have changed slightly. You must add one at a time and then save them.

Contact Info

Consent to Treat


If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

Parent/Guardian Name (Print)



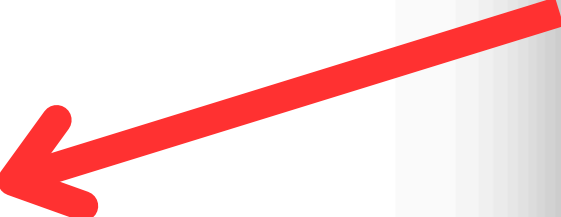
Parent/Guardian Signature

Date

Please continue your signature. 

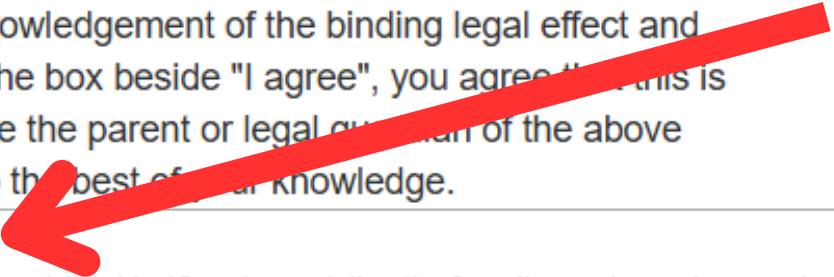
Pursuant to the Texas Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied 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

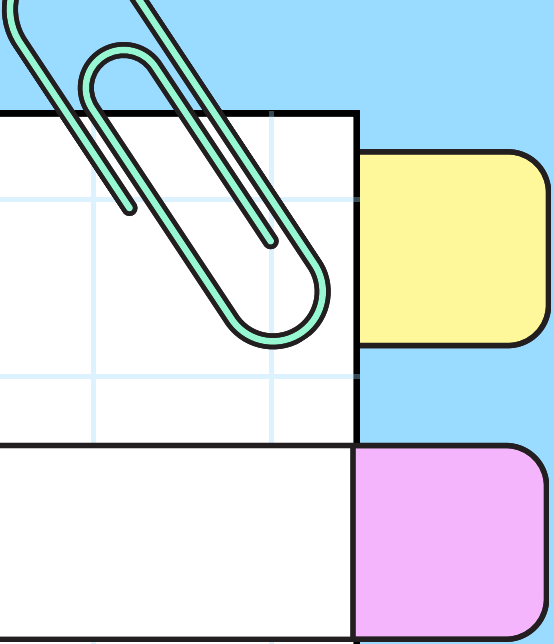


Notification Email:

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



Don't forget to sign, check "I Agree" and add an email before submitting!

A paperclip is attached to the top right corner of the notepad. Below it, a white rectangular box is positioned on the right side of the page.

You are done with Emergency Contact Information form, now you must complete the new Parental/Guardian Consent form!

Parental/Guardian Consent Form

Student First Name: Required

Student Last Name: Required

Student ID: Required

School Attending in 2026 - 2027: Required

AISD Parental/Guardian Consent Austin ISD 2026/2027

AISD ATHLETIC CONSENT & MEDICAL ACKNOWLEDGMENT

Athletic Insurance Coverage

Our family carries health and accident insurance:
 Yes No

If personal insurance is not available, families are encouraged to consider purchasing supplemental student athletic insurance. Austin ISD offers optional student insurance policies at the beginning of each school year.

For information regarding coverage or enrollment forms, please contact your campus Athletic Trainer or AISD Athletic Office.

Start here and follow instructions to complete. Make sure the student ID does not have the S in front.

Parental/Guardian Consent Form

1

Consent to Obtain/Release Health Information

2

Consent to Treat

3

Parent/Guardian Permission

4

Assumption of Risk & Release of Liability

5

Emergency Heat Stroke Protocol

6

Medical History and Physical Acknowledgment

7

Corrective Vision Recommendation

**Make sure to read through all the consent sections,
recommendations, etc**

Parental/Guardian Consent Form

Parent/Guardian Signature

Date

Please continue your signature.

Pursuant to the Texas 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.

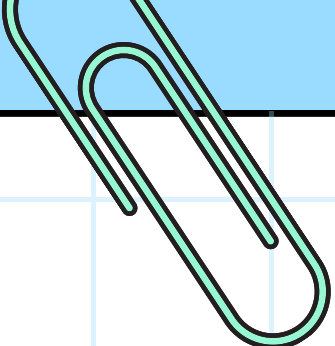
Notification Email: If the student is 18 and completing the form themselves, please enter their email. If the student is under 18 or the parent/guardian is completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.

I Agree

Submit

Make sure to add signatures, parent email and click "I agree" before submitting.

If something is missing, it will not let you submit.



You are now done with online forms and physical forms.

Make sure to upload the AISD Physical forms digitally. Lively staff will NOT be accepting paper documents.

Helpful Tips!

Don't forget to
turn in
documents
online only.

No student can
try out without
all forms being
complete.



Questions?

If you have any additional questions, please email or call the athletic coordinator-
Coach Gabriel Dominguez

Email: gabriel.dominguez@austinisd.org

Phone: (512) 414-3207; ext: 70395