



Guide to AISD Athletics Physicals

Lively MS Athletics

AISD Physicals

01

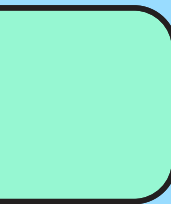
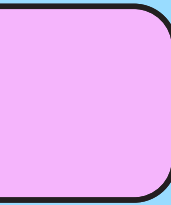
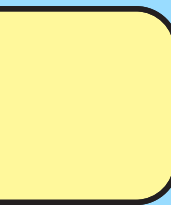
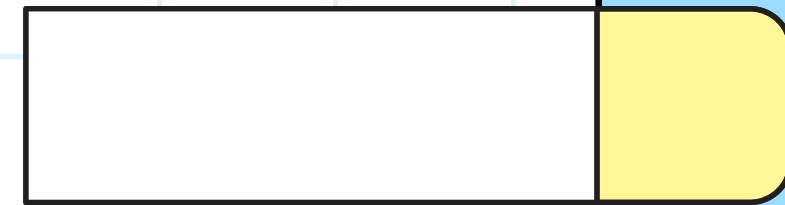
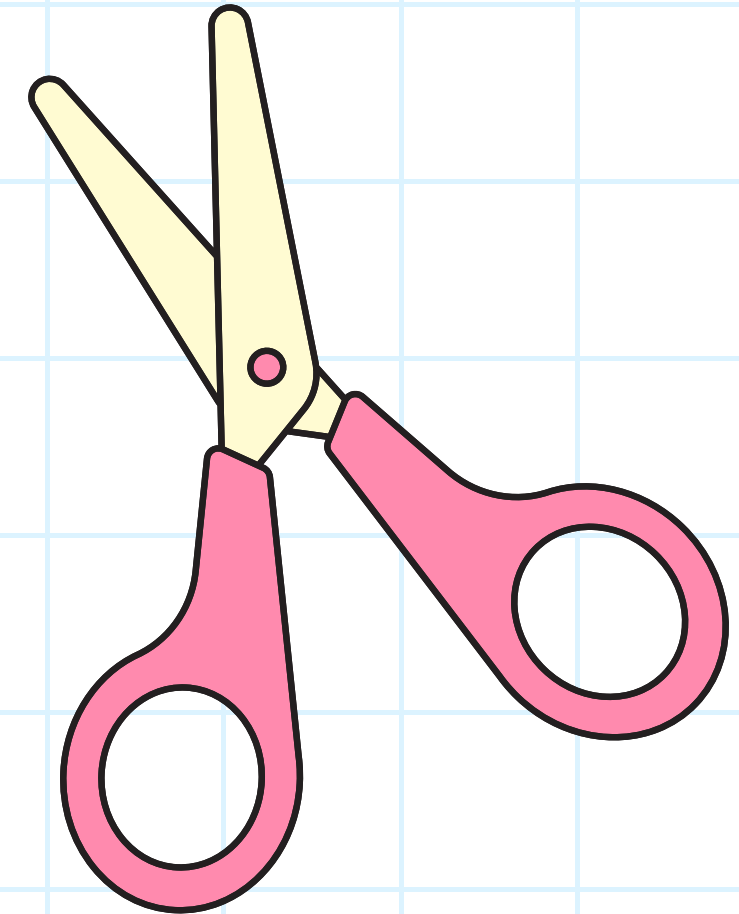
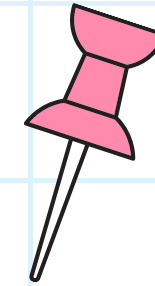
Physical

02

Medical History

03

Online Forms



NEW: 2025-2026

01

Physicals can now be digitally uploaded into the Rank One system.

02

If digital upload is not possible, you can still turn in a hard copy to our front office or coaching staff.

Top of the Page 1

Austin Independent School District (AISD)
2025-2026 PARTICIPATION FORM

School_____

Last Name	First Name	MI	Student ID	Grade	Date of Birth	Sex	Sports (List All Participating In)	
Street Address (No P.O. Boxes)				City		Zip		Home Phone
Guardian's Name		Employer		Cell Phone		Work Phone		Relationship to Student
Guardian's Name		Employer		Cell Phone		Work Phone		Relationship to Student
Secondary Emergency Contact Name				Cell Phone		Home 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.

YES

NO

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

Page 1

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

YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with asthma?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Within the past year, have you experienced an asthma attack?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are you prescribed an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Ankle		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Upper <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Foot		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Knee		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Shin/Calf		
<input type="checkbox"/>	<input type="checkbox"/>	16. Are you unsatisfied with your current weight?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	19. Do you have any other medical conditions not previously mentioned (for example, diabetes, thyroid disease, immune disorders, bleeding disorder, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>MALES ONLY</u>		
<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any testicular swelling or masses?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>FEMALES ONLY</u>		
<input type="checkbox"/>	<input type="checkbox"/>	21. When was your first menstrual period? _____		
<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
<input type="checkbox"/>	<input type="checkbox"/>	I choose not to provide written information on Question 20-21. I will discuss with a medical professional: <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness form. I understand it is the responsibility of my family to schedule and pay for such ECG.		
<input type="checkbox"/>	<input type="checkbox"/>	Explain Yes Answers (use another sheet if necessary) _____		
<input type="checkbox"/>	<input type="checkbox"/>	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____		

However needed, the possibility of accident still remains. Neither the University Interscholastic League nor the school or representative of the school, the above student should need immediate care and treatment as a result of any injury or

Bottom of the Page 1

Make sure your student, the doctor and you sign this section.

indemnify and save harmless the school and any school or hospital representative from any claim by any person on such account of such care and treatment of such student. If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

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:** _____

This Medical History Form was reviewed by:

Doctor: _____

Signature

School Official: _____

Signature

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ Pulse _____

BP	/	/	/
----	---	---	---

brachial blood pressure while sitting

% Body fat (optional) _____

Vision R 20/ _____ L 20/ _____

Corrected: ☐ Y ☐ N

Pupils: Equal _____ Unequal _____

	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			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Austin ISD requires that each athlete have an annual physical dated after April 15, 2025

CLEARANCE

☐ Cleared; Recommendations: _____

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____

Reason: _____

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: _____

Signature: _____ SIGNATURE ALSO REQUIRED BELOW MEDICAL HISTORY ON FRONT OF FORM

Page 2

- The back needs to be done by a physician, nurse, or PA.
- The gray part needs to be signed and stamped by the doctor.
- The date of examination needs to be after April 15, 2025.
- The medical professional must also sign the front of page 1 at the very bottom.

Who To Turn In

- **NEW-** You can now digitally upload your physical into the Rank One System.
- Or if that's not possible, you can turn completed physicals into Lively Front Office or to Lively Coaching Staff

Austin ISD Forms

2025/2026

Electronic Documents to be submitted by the parent

UIL 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.

Contact Info

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

Scan



Digital Upload

Student First Name: Required

Student Last Name: Required

Student ID: Required

School Attending in 2025 - 2026: Required

Physical and Medical History Upload Form Austin ISD 2025/2026

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

Medical History/Physical Upload Form

Select how you would like to upload the document.
☐ PDF ☐ Picture


[Click Here](#) for an example of what to upload under the Physical 1 Form section

[Click Here](#) for an example of what to upload under the Physical 2 Form section

Parent/Guardian Name (Print)

Parent/Guardian Signature

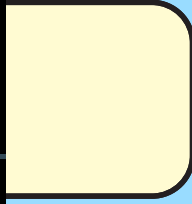
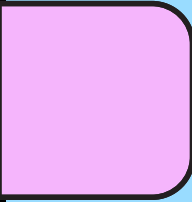

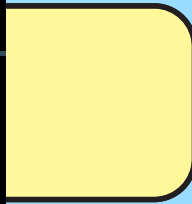
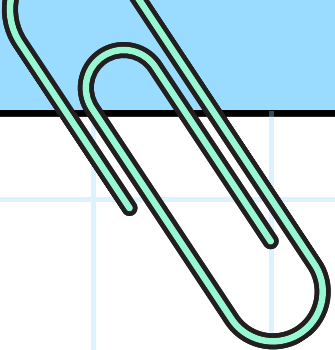
Date

Please sign. 

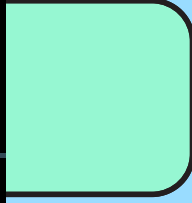
Pursuant to the Texas Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied

☐ I Agree

- Make sure to select whether uploading PDF or picture.
- Must sign and hit “I Agree” and then submit at the bottom of the page.



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

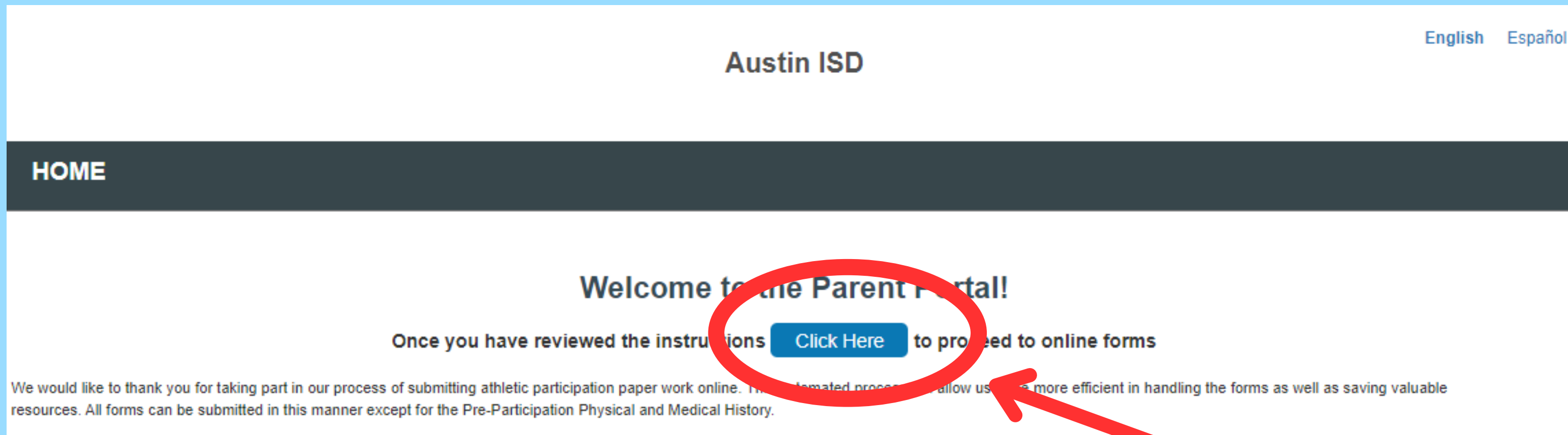


Online Forms

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



Online Forms



**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

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

Austin ISD Forms

2025/2026

Electronic Documents to be submitted by the parent

[UIL Forms](#)

Physical and Medical History Upload Form

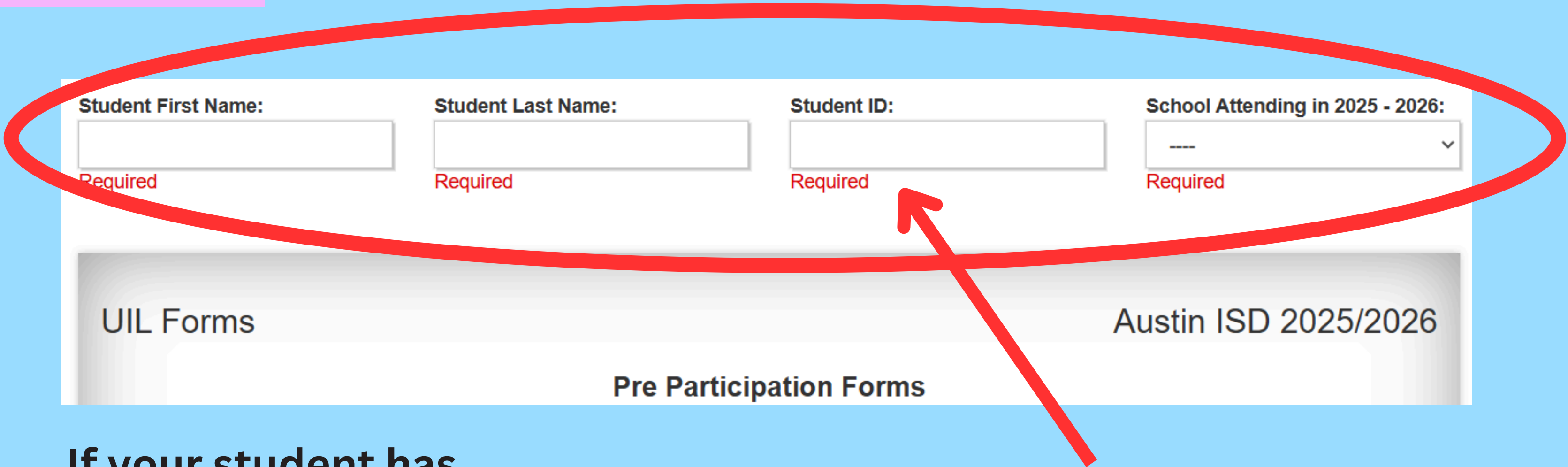
To access a blank copy of the Physical/Medical History form, please click the Download and Print tab on the right hand side of the page.

[Contact Info](#)

There are two separate forms to do online.

1. **UIL Forms**
2. **Contact Info**

UIL Form



The screenshot shows the top portion of a web form. A red oval highlights the top section containing four input fields: 'Student First Name:', 'Student Last Name:', 'Student ID:', and 'School Attending in 2025 - 2026:'. Each field has a 'Required' label in red text below it. The 'Student ID' field is specifically pointed to by a red arrow. Below the input fields is a header bar with 'UIL Forms' on the left and 'Austin ISD 2025/2026' on the right. Underneath the header bar, the text 'Pre Participation Forms' is visible.

Student First Name:	Student Last Name:	Student ID:	School Attending in 2025 - 2026:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="---"/>
Required	Required	Required	Required

UIL Forms Austin ISD 2025/2026

Pre Participation Forms

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

Put student ID # without the S.

Must fill this out completely.

UIL Form

Pre Participation Forms

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

Please click on the links below to access the appropriate form. After reading the form, place a check in the box to acknowledge having read, understood, and accepted the information

I have read and understand the information presented in the following:

- ☐ 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. Austin ISD Athletics Accident Insurance
- ☐ 9. Parent Information Manual

Each link must be clicked and opened.

Must fill this out completely.

UIL Form

The screenshot shows a web form for the UIL. At the top left is a large dashed box for the 'Parent/Guardian Signature'. To its right is a 'Date' field. Below the signature box is a blue circular icon with a refresh symbol 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'. Below the text is a 'Notification Email:' label followed by an input field. At the bottom center is a blue 'Submit' button. Four red arrows point to these specific elements: one to the signature box, one to the 'I Agree' checkbox, one to the notification email input field, and one to the 'Submit' button.

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 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.

Submit

Make sure to add signature, parent email and click “I agree” before submitting.

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



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

Contact Info

Student First Name: Required

Student Last Name: Required

Student ID: Required

School Attending in 2025 - 2026: Required

Contact Info Austin ISD 2025/2026

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

Gender

Address

Parent/Guardian 1

Email Address

Parent/Guardian 2

Email Address

Student First Name

Age

Apt. #

Home Phone

Home Phone

Date of Birth

School

City

Work Phone

Work Phone

Grade

School ID#

Zip

Cell Phone

Cell Phone

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

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

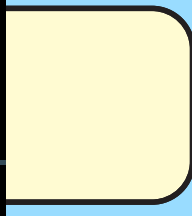
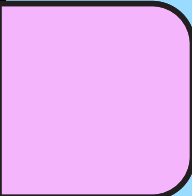

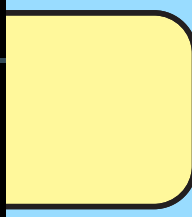
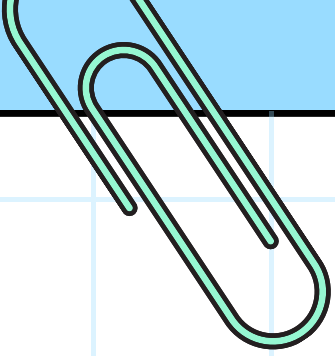
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Notification Email: If the student is 18 and completing the form themselves, please enter the student's email. If the student is under 18 or the parent/guardian is completing the form, please enter the parent/guardian email. An email notification will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

Submit

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



You are now done with online forms and physical forms.



Make sure to either upload forms digitally, turn in to Lively front office or Lively coaches!

Helpful Tips!

Don't forget to turn in documents either online or in person.

Hard copies can be turned into Lively front office or Lively coaching staff.

If turning in hard copies, take photos of documents as back up.

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