

**BOARD OF TRUSTEES
AGENDA**

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Special
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(A) REPORT ONLY RECOGNITION

**Presenter(s): ROLANDO SALINAS, DEPUTY SUPERINTENDENT FOR DISTRICT OPERATIONS
EDWARD V. GRAF, ATHLETIC DIRECTOR**

Briefly describe the subject of the report or recognition presentation.

RECOMMENDATION TO TEMPORARILY SUSPEND THE LOCAL POLICY OF REQUIRING ALL PARTICIPANTS IN UIL ATHLETIC ACTIVITIES TO OBTAIN A PREPARTICIPATION PHYSICAL EVALUATION PRIOR TO THEIR PARTICIPATION IN THESE ACTIVITIES.

(B) Action Item

Presenter(s):

Briefly describe the action required.

(C) Funding Source: Identify the source of funds if any are required.

(D) Clarification: Explain any question or issues that might be raised regarding this item.



MEMORANDUM

TO: Samuel Mijares, Superintendent of Schools

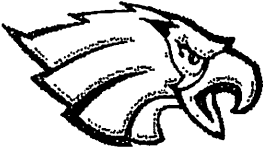
FROM: Rolando Salinas, Deputy Superintendent for District Operations

DATE: June 2, 2020

SUBJECT: Agenda Item – Pre-participation Physical Evaluations

Attached please find agenda item that will be presented at the upcoming Board Meeting. This is in regards to temporarily suspend the local policy of requiring all participants in UIL athletic activities to obtain a pre-participation physical evaluation prior to their participation in these activities.

Your consideration is greatly appreciated.



Eagle Pass Independent School District
Athletic Department
5021 E Hwy 277 • Eagle Pass, TX 78852 • 830-758-7002



To: Rolando Salinas, Deputy Superintendent for District Operations

From: Edward Graf, Athletic Director 

Re: Proposed Board Agenda Item

Date: May 20, 2020

I would like to request that an agenda item be placed on the agenda for the next board meeting.

This agenda item would reflect the recommendation by the Athletic Department to temporarily suspend the local policy of requiring all participants in UIL athletic activities/marching band to obtain a preparticipation physical evaluation (PPE) each year, prior to their participation in these activities.

Correspondence from the UIL of the changes to UIL policy, and a recommendation from the Athletic Department are attached.



Edward Graf <egraf@eaglepassisd.net>

5/18/2020 COVID-19 (Coronavirus) UPDATE: Pre-Participation Physical Examination Form

5 messages

Athletics Account <uil@registermyathlete.com>

Mon, May 18, 2020 at 1:45 PM

Reply-To: athletics@uifltxas.org

**UIL RMA Portal**

Athletic Directors,

Previously, we shared that the UIL Medical Advisory Committee (MAC) recommended adjusting requirements related to preparticipation physical examinations for the 2020-21 school year. The UIL Legislative Council approved these adjustments on Friday, May 1, 2020. These changes have now also been approved by the Commissioner of Education at TEA and will immediately be in effect for the 2020-21 school year only.

The changes to sections 1105 (Marching Band), 1205 (High School Athletics) and 1478 (Junior High Athletics) as it relates to the requirements for preparticipation physical examinations are as follows:

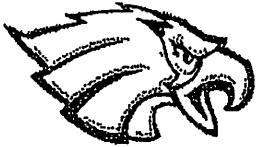
For the 2020-21 school year only, any participant in athletics or marching band, in any grade level, who has not previously completed a preparticipation physical examination (PPE), and been cleared for participation, will be required to complete the medical history form as noted in current rule, as well as a PPE prior to participation in any UIL practices, games, performances, or matches.

As required under current rule, all students participating in UIL marching band and/or UIL athletic activities will be required to complete the UIL Medical History Form. Any "yes" answer to any of questions 1-6 on the Medical History Form will require a student to receive further medical evaluation, which may include a physical exam, and receive written clearance from a physician, physician assistant, chiropractor, or nurse practitioner before any participation in UIL practices, games, performances, or matches. Only those students with "yes" answers to those questions are required to receive written clearance through further medical evaluation.

Please note that this is only for the 2020-21 school year, and local school district policies still apply. Schools may still require physical examinations of students before allowing participation in these activities, and such decisions are under the jurisdiction of each local school district.

The updated language recommended by the MAC, approved by the UIL Legislative Council and by the Commissioner of Education at TEA can be found on our Covid-19 Information Website here.

Thank you,



Eagle Pass Independent School District
Athletic Department
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To: Rolando Salinas, Deputy Superintendent for District Operations
From: Edward Graf, Athletic Director *ENG*
Re: Preparticipation Physical Examinations (PPE)
Date: May 20, 2020

Please see the attached memo from EPISD Athletic Trainers Brian Dodd and Dwight Arganbright.

I concur with their recommendation of temporarily suspending the local policy of requiring all district athletes to obtain a preparticipation physical examination (PPE) every year.

As noted in the attached memo, *for the 2020-2021 school year only*, the University Interscholastic League (UIL) will allow any student who has previously obtained a PPE prior to participation in an athletic program and/or marching band, to complete the UIL Medical History Form, and if all answers to the questions 1-6 on this form are "no" the student may participate without another PPE (this form must be signed by the student and the parent or guardian). The previous rule was that every student must obtain a PPE prior to their first year of participation in UIL athletic activities and/or marching band, and again prior to their first year and third year of high school. As stated above, *the local policy requires a PPE every year for all participants.*

The UIL rules state that a PPE will *still be required* for any student who has not participated in UIL athletic activities and/or marching band, and further medical evaluation which may include a physical examination, will be required (along with written clearance from a physician, physician assistant, chiropractor, or nurse practitioner) for any student who answers "yes" to any of the questions 1-6 on the UIL Medical History Form.

For your examination, I have also attached to this memo a copy of the UIL Medical History Form.

We feel that due to the current situation with Covid-19, the rules for social distancing, and the dangers of community spread of the virus, by requiring a PPE for those students who have previously obtained a PPE and have answered "no" to questions 1-6 on the UIL Medical History Form, would be placing our students in unhealthy, even dangerous situations. We believe that by following the new UIL guidelines, we can lessen the chance exposure to the virus of our students and community, and lessen the strain on our local healthcare system.

Any consideration of this recommendation is highly appreciated.

EPISD

Memo

To: Coach Graf

From: Dwight Arganbright Med, LAT, ATC
Brian Dodd Med, LAT,ATC

Date: May 19, 2020

Due to the current situation with the Covid 19 virus, and to help prevent exposure and congestion at the doctor offices in the near future, we are asking to extend the current local requirement of a physical examination to two years, instead of the district policy of 1 year, for the 2020-2021 school year only. With these changes, the only athletes and/or band member that will be required to have a new physical for the 2020-2021 school year will be incoming 7th graders, those who have never participated, and any student that may have had a major injury the previous school year, or who may have answered "yes" to any of the questions 1-6 on the family medical history portion of the physical that must be filled out yearly. By doing this we will cut down on the numbers of students having to go to their personal doctors and reduce the risk of anything being spread to the students due to the current medical situation in our country.

UIL recently approved the following guidelines:

The changes to sections 1105 (Marching Band), 1205 (High School Athletics) and 1478 (Junior High Athletics) as it relates to the requirements for preparticipation physical examinations are as follows:

For the 2020-21 school year only, any participant in athletics or marching band, in any grade level, who has not previously completed a preparticipation physical examination (PPE), and been cleared for participation, will be required to complete the medical history form as noted in current rule, as well as a PPE prior to participation in any UIL practices, games, performances, or matches.

As required under current rule, all students participating in UIL marching band and/or UIL athletic activities will be required to complete the UIL Medical History Form. Any "yes" answer to any of questions 1-6 on the Medical History Form will require a student to receive further medical evaluation, which may include a physical exam, and receive written clearance from a physician, physician assistant, chiropractor, or nurse practitioner before any participation in UIL practices, games, performances, or matches. Only those students with "yes" answers to those questions are required to receive written clearance through further medical evaluation

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<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 activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<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"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____					
How severe was each one? (Explain below)			<i>Females Only</i>		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<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"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need 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 said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said 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: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____