

Section 1105(f) MARCHING BAND PRE-PARTICIPATION PHYSICAL EXAMINATION.

Upon entering the first and third years of high school and upon any 7th or 8th grade student participating in marching band, a physical examination signed by 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 is required. Standardized pre-participation physical examination forms, available from the UIL office and authorized by the UIL Medical Advisory Committee, are required.

Section 1105(g) MARCHING BAND MEDICAL HISTORY FORM.

Each year prior to any practice or participation a UIL Medical History form signed by both student and a parent or guardian is required. A Medical History form shall accompany each physical examination and shall be signed by both student and a parent or guardian.

Section 1106(h)(4) AREA MARCHING BAND PRELIMINARY ROUND AND FINAL ROUND.

(4) 30 Or More Bands. If there are 30 or more bands, the top 12 bands will advance from the preliminary round to the final round. In addition, any band below twelfth place that receives a ranking of three or higher from at least two of the music judges and one of the marching judges will also advance to the final round. The two marching judges and two of the music judges will change captions. There will be a drum major retreat at the end of the preliminary round to announce the results. Bands not advancing to the final round will receive a participant award. At the end of the final round there will be a drum major retreat where each band will receive a finalist award and the names of those bands advancing to the state marching band contest will be announced. Under extenuating circumstances such as severe weather or limited participation, the contest officials in consultation with the state director of music may declare the preliminary round to be the final contest.

Section 1113(g)(2) and (4) TSSEC ENTRY PROCEDURES.

(2) Deadline. Entries for TSSEC shall be submitted by the deadline set forth on the UIL calendar.

(4) Late Entries. Entries submitted after the deadline set forth on the UIL calendar will be placed on a waiting list in the order they are received and will be scheduled only if performance times are available. A late entry fee will apply.

If there are **40 or more bands** in a **state contest** the top 14 bands will advance from the preliminary round to the final round. In addition, any band below fourteenth place that receives a ranking of three or higher from at least two of the music judges and one of the marching judges will also advance to the final round.

The following rule concerning pre-participation physicals for marching band takes effect on August 1, 2019:

C&CR Section 1105:

- (F) MARCHING BAND PRE-PARTICIPATION PHYSICAL EXAMINATION. UPON ENTERING THE FIRST AND THIRD YEARS OF HIGH SCHOOL AND UPON ANY 7th OR 8th GRADE STUDENT PARTICIPATING IN MARCHING BAND, A PHYSICAL EXAMINATION SIGNED BY 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 IS REQUIRED. STANDARDIZED PRE-PARTICIPATION PHYSICAL EXAMINATION FORMS, AVAILABLE FROM THE UIL OFFICE AND AUTHORIZED BY THE UIL MEDICAL ADVISORY COMMITTEE, ARE REQUIRED.
- (G) MARCHING BAND MEDICAL HISTORY FORM. EACH YEAR PRIOR TO ANY PRACTICE OR PARTICIPATION A UIL MEDICAL HISTORY FORM SIGNED BY BOTH STUDENT AND A PARENT OR GUARDIAN IS REQUIRED. A MEDICAL HISTORY FORM SHALL ACCOMPANY EACH PHYSICAL EXAMINATION AND SHALL BE SIGNED BY BOTH STUDENT AND A PARENT OR GUARDIAN.

**Year 1 and 3: Physical Examination and Medical History Form Required.
Year 2 and 4: Medical History Form Required.**

Where is the physical examination form and medical history form? On the UIL website at <http://www.uiltexas.org/music/marching-band>.

Who collects these forms and maintains compliance? The school district.

How does UIL define who must meet this requirement? This requirement is for any student that a school district determines is a member of the marching band.

Does a student in athletics and marching band need a separate physical examination for each activity? No.

What does pre-participation mean? Pre-participation means prior to starting any physical activities – marching or otherwise, inside or outside – associated with marching band practice and performance.

Our school district already requires physical examinations for marching band participation. Therefore, how do we phase in this requirement? Since students in the first and third years of marching band participation are required to have a physical examination, if a student in the second or fourth year completed a physical in the prior school year, that student is not required by UIL to do so in the first year of the rule (2019-2020).

Our school district has not required physical examinations for marching band participation. Therefore, how do we phase in this requirement? In the first year of the rule (2019-2020) all students are required to complete a physical examination. Therefore, in the second year of the rule (2020-2021) a third-year member would complete a physical examination in consecutive years. With this phase in process no student would be required by UIL to have more than two physical examinations in grades 9-12.

Since the rule does not take effect until August 1, 2019 are students required to be compliant for any physical activities associated with a school's marching band that begin prior to August 1, 2019? Since the rule does not take effect until August 1, 2019 meeting compliance PRIOR to that date is encouraged by UIL, but not required. However, ALL students must meet compliance by August 1, 2019. Starting in the 2020-2021 school year all students are expected to meet compliance prior to beginning any physical activity associated with marching band, regardless of the start date. For example, if the 2020-2021 marching band begins practicing in May, all students (including incoming first year members) would be expected to meet compliance at that time.

Our school district requires physicals annually for marching band participation. May we still do so? Yes. A school district may choose to have a policy more restrictive than UIL.

How does this requirement affect a student with physical limitations or special needs accommodations? All students are expected to be medically cleared for the role they will perform with the marching band. Therefore, a student with any physical limitations or special needs accommodations may be permitted by the authorized medical professional to participate with the marching band in a modified or specific role. For example, if a student is unable to march, the medical professional would designate on the form "Not cleared for: Marching." Further information on any limitations could then be listed by the medical professional in the "Recommendation" section of the examination form.

We are a 5A, 4A, 3A, 2A, or 1A school and we have 7th and/or 8th graders in our marching band. How does this rule apply to those students? A 7th or 8th grader must complete a physical examination and medical history form in the first year of marching band participation and then again starting in the first year of participation in high school marching band (High school is defined by UIL as grades 9-12). Therefore, an eighth grader in the first year of marching band participation would be required to have a physical examination in eighth and ninth grade. However, a seventh grader in the first year of marching band participation would be required to have a physical in seventh grade and not again until ninth grade.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

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? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<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 numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
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"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

****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 _____

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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
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.

Effective May 1, 2019 TEA has amended 19 TAC Chapter 76, Extracurricular Activities, Subchapter AA, Commissioner's Rules, §76.1001, Extracurricular Activities

Summary: This amendment allows a student who has not passed all his or her classes but who is enrolled in a state-approved music course that participates in University Interscholastic League (UIL) Concert and Sight-reading Evaluation to perform with the ensemble during the UIL evaluation performance.

Adopted Amendment to 19 TAC Chapter 76, Extracurricular Activities, Subchapter AA, Commissioner's Rules, §76.1001, Extracurricular Activities

Does this mean that all academically ineligible students must now be permitted to participate in UIL music concert and sight-reading evaluation? No. This amendment simply gives school districts the authority to allow an academically ineligible student who is enrolled in a state-approved music course that requires public performance to participate in UIL concert and sight-reading evaluation.

Does this mean that academically ineligible students can participate in other music performances such a pre-UIL performance, a non-UIL concert, or any other public performance? Not unless the performance meets the requirements of the exception listed in 19 TAC Chapter 76, Extracurricular Activities, Subchapter AA, Commissioner's Rules, §76.1001(a)(2), definition of an extracurricular activity in *TEA/UIL Side by Side*.

With the exception of sixth graders UIL has no class enrollment requirement for participation in music concert and sight-reading evaluation. Does this mean that a school district can allow an academically ineligible student who is not enrolled in a state-approved music course to participate in UIL music concert and sight-reading evaluation? No. This amendment requires that an ineligible student be enrolled in a state-approved music course that requires public performance.

Why does this exception exist for UIL music concert and sight-reading evaluation and not for other UIL contests, competitions, or events? UIL concert and sight-reading evaluation is the only UIL event – music, athletics, or academics - that has no advancement component (playoff system or culminating state event) and the participating groups are not ranked against each other. Additionally, each band, choir, or orchestra is simply given a rating on their performance, which is the culmination of a long-term teaching and learning project associated with a state-approved music course.