

# INSTRUCTIONS ON HOW TO UPLOAD PHYSICAL PAPERWORK AND COMPLETE ONLINE FORMS REQUIRED FOR NORTHWEST ISD ATHLETICS.

1. Go to the following website via your phone's internet browser or desktop computer internet browser. You may use the RankOne parent app but it is less user friendly to upload and complete the forms.

<https://northwestisd.rankonesport.com/New/NewInstructionsPage.aspx>

## 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 new process of completing athletic participation paperwork online. This new automated process will allow us to be more efficient in handling the forms as well as saving valuable resources.

- To access the online forms hold your cursor over the "Electronic Participation Forms" tab. You will get a drop down list of the forms.
- Click on the form name and fill out the information requested. You must have your student's ID number available, as it is required on each form.
- To sign the document, click inside the signature box and hold your mouse over the box. This will allow you to create an "Electronic Signature." If you make a mistake and need to start over, click the refresh icon next to the signature box.
- Once you have filled out all the information on each page, you will have the opportunity to print the document for your records.
- You will receive a confirmation email once the NISD staff have reviewed the document.

**1. PLEASE ENSURE YOU SELECT THE CORRECT SCHOOL FOR 2024/2025 SCHOOL YEAR FOR YOUR ATHLETE.**

**2. DO NOT USE ATHLETE NICKNAMES ON FORMS.**

• Note for physicals: All physicals should be completed on the current up-to-date UIL Pre-participation Medical History and Physical Form (Revised 2024) for 2024/2025 school year not prior to April 1st, 2024. Click link below for the form. Print the forms; fill out the Medical History form and take them to your doctor at the time of the physical exam.

[Click here for the Medical History form](#)


All middle school and high school athletes must upload a digital copy of their physical (Medical History and Physical) when completing their online forms. Please do not email a copy of your physical to your athletic trainer or coach. ALL online paperwork and physical must be on file for athletes to participate in athletics. Physicals must be on file for athletes to participate in a practice session for any 7-12 student.

**For question, please contact the Athletic Trainer at your high school or feeder campus:**

Byron Nelson High School  
Chelsea Smith  
[chelsea.smith@nisdtx.org](mailto:chelsea.smith@nisdtx.org)

2. Once you have read the instructions, click on the "Click Here" button to take you to the next page.

- If you have a RankOne Account, you may log in now. If you are unable to log in for whatever reason, click “continue as a guest”. We highly recommend creating an account.



Northwest ISD - Athletics

[Instructions](#)

PARENT LOGIN

**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 or download the completed forms.

chelsee.smith@nisdtx.org

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[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 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

- If you continue as a guest, this is the next page you will see. There are **9 forms** in total that you must complete, with two of them being where you upload a digital copy of your physical paperwork. You can go directly down the list as listed, so start by clicking on the “HealthCare Providers Immunity” page.

PARENT LOGIN

## Northwest ISD - Athletics Forms

## 2024/2025


[Download and Print](#)

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Electronic Documents to be submitted by the parent
<a href="#">HealthCare Providers Immunity</a>
<a href="#">Parent Signature Page</a>
<a href="#">Medical History Upload Form</a> <span style="font-size: 0.8em;">?</span> 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.
<a href="#">Physical Upload Form</a> <span style="font-size: 0.8em;">?</span> 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.
<a href="#">UIL Acknowledgement of Rules</a>
<a href="#">UIL Cardiac Awareness Form</a>
<a href="#">UIL Concussion Acknowledgement Form</a>
<a href="#">UIL Steroid</a>
<a href="#">UIL Steroid Form</a>
<a href="#">NISD Emergency Card</a>



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5. You will need to input your student's first and last name, student ID number, and the school they will be attending for the upcoming school year at the top of the page before continuing on to reading and signing the document. Once you are finished, click "Submit" at the bottom. This should take you directly into the next document which is "Parent Signature". You will complete the same steps as above to complete this form. Next, will be the "Medical History Upload Form."

Student First Name:	Student Last Name:	Student ID:	School Attending in 2024 - 2025:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Required	Required	Required	Required

HealthCare Providers Immunity Northwest ISD - Athletics 2024/2025

**ACKNOWLEDGEMENT OF IMMUNITY OF VOLUNTEER HEALTH CARE PROVIDERS**

As you are aware, many of the physicians and health care providers that assist with the care of  (name of school or ISD) athletes volunteer their time to provide physical examinations and medical screening.

Texas state law provides that:

A health care practitioner who, without compensation or expectation of compensation, conducts a physical examination or medical screening of a patient for the purpose of certifying the patient's eligibility to participate in a school sponsored extracurricular or sporting activity is immune from civil liability for any act or omission resulting in the death or injury to the patient if:

- (1) the health care practitioner was acting in good faith and in the course and scope of the health care practitioner's duties;
- (2) the health care practitioner commits the act or omission in the course of conducting the physical examination or medical screening of the patient;
- (3) the services provided to the patient are within the scope of the license of the health care practitioner; and
- (4) before the health care practitioner conducts the physical examination or medical screening, you, as the patient's parent, managing conservator, legal guardian, or other person with legal responsibility for the care of the patient signs this written statement acknowledging that you know that many of the practitioners providing physical examinations and pre-participation screening for our athletic programs are volunteers, and that your ability to recover damages from these volunteers in connection with such screening and examinations is limited.

If the health care providers are paid for these services by the patient or the patient's responsible party, then these limitations on liability do not apply. Please sign below to acknowledge that you received this notice.

**Student Signature (Print)**

6. For the "Medical History Upload Form" -you will be uploading the 1st page of the paperwork labeled "Pre Participation Physical Evaluation -Medical History" on the top. You will need to first select how you would like to upload the document. PDF (something you have scanned onto your desktop or through the genius scan app on your smartphone) OR if you have a nice quality picture of the document



7. Once the Medical history has been uploaded, you will sign and hit submit at the bottom of the page.
8. You will complete this step again for the "Physical Upload Form". This form is Page 2 of the paperwork. It is labeled "Pre Participation Physical Evaluation - Physical Examination" and should have doctor clearance and signature at the bottom of the page.

**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*
<b>MEDICAL</b>			
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			
Orbitain (moles only) if indicated			
Skin			
Morfan's stigmata (brachnodactyly, pectus excavation, joint hypermobility, scoliosis)			
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.

If you have scanned both pages together as one document, please upload the PDF on both “Medical History Upload Form” and “Physical Upload Form”.

9. Once completed, you will continue down the list of online forms until all have been submitted. All forms will get approved automatically besides the “Medical History Upload Form” and the “Physical Upload Form”. Those will get sent directly to the athletic training staff to be reviewed before being approved or denied.
  
10. If you are having any issues or have further questions regarding this process, please reach out to the athletic trainer directly.

Head Athletic Trainer - Chelsee Smith: [chelsee.smith@nisdtx.org](mailto:chelsee.smith@nisdtx.org)

Assistant Athletic Trainer - David Dietrich: [david.dietrich@nisdtx.org](mailto:david.dietrich@nisdtx.org)