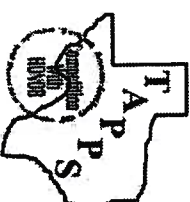


**Texas Association of Private and Parochial Schools
PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION**



STUDENT'S NAME _____ SPORTS(S) _____
 GENDER: _____ AGE: _____ DATE OF BIRTH: _____
 HEIGHT: _____ WEIGHT: _____ % OF BODY FAT: _____
 PULSE: _____ BLOOD PRESSURE: _____ / _____ (_____ / _____)
 VISION R 20/ _____ L 20/ _____ CORRECTED: Y N Pupils: EQUAL _____ UNEQUAL _____

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation each year of high school.

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 pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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: _____ Reason: _____

Not cleared for: _____

Recommendations: _____

Provider Name: _____ Date of Examination: _____
 Provider Signature: _____
 Provider Address: _____
 Provider Phone Number: _____