



# TEXAS CHRISTIAN ATHLETIC LEAGUE

## Physical Evaluation Form (Rev. 8/2011)

- In adherence with section 6.08 [Member School Responsibilities] of the T★CAL By-laws, this form is required to be completed for all student athletes before competing in any extra-curricular activities.
- The physical examination form is strictly confidential and a copy of this form must be kept on file attached with student's medical history at the member school.

➤ Examinations must be conducted every 2 years, in accordance with by-laws and athletic plans. Include detailed explanation regarding abnormalities or unusual findings.

Student's Name \_\_\_\_\_ Gender: M F

School \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Primary Care Physician/Clinic \_\_\_\_\_

Conducting Physician/Clinic \_\_\_\_\_

Conducting physician's Contact \_\_\_\_\_

Phone and E-mail address \_\_\_\_\_

(All spaces must be filled in)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B.P. \_\_\_\_\_ /

Body Build \_\_\_\_\_ Skin \_\_\_\_\_ Body Fat % \_\_\_\_\_

*\*If "Not Examined" please provide explanation or reason for non-examination in the abnormal findings section.*

| Medical Item            | Normal | Abnormalities or Unusual Findings | *Not Examined |
|-------------------------|--------|-----------------------------------|---------------|
| Eyes/Ears/Nose/Throat   |        |                                   |               |
| Teeth/ Lymph Nodes      |        |                                   |               |
| Heart - Supine/Standing |        |                                   |               |
| Lungs                   |        |                                   |               |
| Abdomen                 |        |                                   |               |
| Chest                   |        |                                   |               |
| Genitalia (male only)   |        |                                   |               |
| Other:                  |        |                                   |               |
| Muscular or Skeletal    | Normal | Abnormalities or Unusual Findings | *Not Examined |
| Neck                    |        |                                   |               |
| Shoulders               |        |                                   |               |
| Back/Spine              |        |                                   |               |
| Elbows                  |        |                                   |               |
| Wrists / Hands          |        |                                   |               |
| Hips                    |        |                                   |               |
| Knees                   |        |                                   |               |
| Ankles / Feet           |        |                                   |               |

Physician's Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

- Cleared for Participation       Not Cleared for Participation  
 Cleared for Participation after completing the following, (i.e. rehabilitation etc. additional comments)