



TEXAS ASSOCIATION OF PRIVATE AND PAROCHIAL SCHOOLS PRE PARTICIPATION PHYSICAL EVALUATION

Student's Name: _____ Sport(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 ___
 Hearing R _____ L _____

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			
Heart - Auscultation of the heart in the standing			
Heart - Lower extremity			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin / ACANTHOSIS			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back / SCOLIOSIS			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Clearance

Cleared
 Cleared after evaluation/rehabilitation for _____
 Not Cleared for _____ Reasons _____
 Recommendations _____

Provider

Provider Name _____ Date of Examination _____

Provider Signature _____ Provider Phone # _____

Provider Address _____