

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
PRE-PARTICIPATION PHYSICAL EVALUATION
Effective: 2021-2022**

NAME _____				
DATE OF EXAMINATION _____			DATE OF BIRTH _____	
HEIGHT _____	WEIGHT _____	PULSE _____	BP _____ / _____	
VISION R 20 _____	L 20 _____	CORRECTED Y N	PUPILS: Equal _____ Unequal _____	
MEDICAL	NORMAL/ ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Skin				
CARDIOVASCULAR				
Murmur that Increases from Supine to Standing				
Systolic Murmur Greater than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
MUSCULOSKELETAL				
Neck				
Back				
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hand				
Hip/Thigh				
Knee				
Leg/Ankle				
Stigmata of Marfan's Syndrome				

CLEARED after completing evaluation/rehabilitation for (circle that apply):

All Sports

X Country

Nordic Skiing

Basketball

Wrestling

Volleyball

Track/Field

NOT CLEARED FOR: _____

REASON: _____

Recommendations: _____

Name of physician (print): _____ Phone: _____

Address: _____
STREET CITY STATE ZIP CODE

I, _____ hereby certify that I am a licensed physician and that I performed all aspects of the TTUSD pre-participation evaluation on the above student. This student meets all physical examination requirements for participation in TTUSD sanctioned sports.

SIGNATURE OF LICENSED PHYSICIAN

LICENSE NUMBER

OFFICE PH #

DATE

I understand that this Physical Evaluation is good for three school years (August 2015-July 2018). Should there be any changes in my child's health, I will immediately report the changes to school officials and contact my child's physician.

Parent Signature

Date

Revision: 8/16/2021