



# 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 \_\_\_\_\_

Physician's Contact:

Phone, E-Mail, or Web \_\_\_\_\_

(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:			
<b>Muscular or Skeletal</b>	<b>Normal</b>	<b>Abnormalities or Unusual Findings</b>	<b>*Not Examined</b>
Neck			
Shoulders			
Back/Spine			
Elbows			
Wrists / Hands			
Hips			
Knees			
Ankles / Feet			
Other:			

Date of Examination \_\_\_\_\_

Conducting Physician's Printed Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Cleared for Participation       Not Cleared for Participation

Cleared for Participation after completing the following, (i.e. rehabilitation etc.) \_\_\_\_\_

\_\_\_\_\_