



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)
