Texas Association of Private and Parochial Schools
PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION

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 _____

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 position			
Heart – Auscultation of the heart in the standing position			
Heart – Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

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

*station-based examination only

CLEARANCE

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for:_____
☐ Not cleared for: _____Reason:_____
Recommendations: _____

_____

_____

Provider Name: _____Date of Examination: _____

Provider Signature: _____

Provider Address: _____

Provider Phone Number: _____

Midland Classical Academy Upper School

STUDENT MEDICAL HISTORY

STUDENT NAME _____

GENDER: ❒ M ❒ F GRADE LEVEL _____ AGE _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____)_____-_____ PARENT CELL (_____)_____-_____

PERSONAL PHYSICIAN _____

PHYSICIAN PHONE (_____)_____-_____

1. Does your student have asthma?

❒ Yes ❒ No

Details _____

2. Is your student being treated for diabetes?

❒ Yes ❒ No

Details _____

3. Has your student ever had a seizure?

❒ Yes ❒ No

Details _____

4. Does your student have a heart condition?

❒ Yes ❒ No

Details _____

5. Has your student ever had a concussion?

❒ Yes ❒ No

Details _____

6. Has your student ever fainted?

❒ Yes ❒ No

Details _____

7. Has your student been treated for any other medical conditions?

❒ Yes ❒ No

Details _____

Parent Name (print) _____ Signature _____