

TEXAS CHRISTIAN ATHLETIC LEAGUE
Official Medical History and Physical Examination Form

Each student must have this form completed before participating in any **T*CAL** event (both in-season and out-of-season). This form must be kept on file at your school.

Student's Name _____ Gender (circle one) M F

Parent or Legal Guardian _____ DOB _____

Family Doctor or clinic _____ Phone No. _____

Family Dentist or clinic _____ Phone No. _____

This form must be completed prior to Varsity athletic competition. Any abnormal finding must be explained and kept in a file with this report.

All blanks must be completed

Weight _____ Height _____ Pulse _____ B.P. _____ / _____

General Body Build _____ Skin _____

Item	Normal	Abnormal	Not Examined
Eyes / Ears / Nose			
Throat / Teeth			
Teeth			
Neck			
Lungs			
Heart			
Chest			
Liver			
Spleen			
Spine			
Shoulders			
Elbows			
Wrists / Hands			
Hips			
Knees			
Ankles / Feet			
Hernia			
Genitalia (males only)			

 Physician's Signature

 Date