



TEXAS CHRISTIAN ATHLETIC LEAGUE

Physical Examination Form(Rev. 2010)

➤ 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, and turned into the state office.

➤ 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, and dated within 6 months prior to the first day of school. 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:			
Muscular or Skeletal	Normal	Abnormalities or Unusual Findings	*Not Examined
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.) _____
