

**PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_

BP	/	/	/
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*brachial blood pressure while sitting*

% Body fat (optional) \_\_\_\_\_

Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected:  Y  N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
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			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Marfan's stigmata (arachnodactyly, pectus, excavatum, joint hypermobility, scoliosis)			

**Austin ISD requires that each athlete have an annual physical dated after April 15, 2020**

**CLEARANCE**

- Cleared; Recommendations: \_\_\_\_\_
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \_\_\_\_\_
- Not cleared for: \_\_\_\_\_
- Reason: \_\_\_\_\_

<p><b>The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.</b></p>	
Name (print/type) _____	Date of Examination: _____
Address: _____	Phone: _____
Signature: _____	SIGNATURE ALSO REQUIRED BELOW MEDICAL HISTORY ON FRONT OF FORM

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.