

TSSAA PREPARTICIPATION EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____ Height _____ Weight _____

% Body fat (OPT) _____ Pulse _____ BP _____ / _____ (_____ / _____) _____

Vision R 20/ _____ L20/ _____ Corrected Yes No Pupils Equal Unequal

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only) **			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbows/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only. **Having a third party present is recommended for the genitourinary examination.

Cleared without restriction Cleared with recommendations for further evaluation or treatment for:

Not Cleared for: All Sports Certain Sports Reason: _____

Recommendations: _____

Emergency Information

Allergies _____

Other Information _____

Notes _____

Name of Physician (print) _____

Date _____

Address _____

Phone _____

Signature of Physician MD or DO _____