

## TAPPS PREPARTICIPATION PHYSICAL EVALUATION

**STUDENT'S FULL NAME:** \_\_\_\_\_ **GRADE LEVEL:** 9 10 11 12  
**GENDER:** Male / Female **AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**HEIGHT:** \_\_\_\_feet \_\_\_\_inches **WEIGHT:** \_\_\_\_\_ **% BODY FAT:** \_\_\_\_\_%  
**PULSE:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_/\_\_\_\_ **BRACHIAL BP WHILE SITTING:** \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_

In keeping with the requirements of the Texas Association of Private and Parochial Schools (TAPPS), the physical examination form must be completed prior entrance to high school and prior to athletic participation each year. The form is good for one year from the date of physician signature shown below.

| MEDICAL  | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|--|--------|-------------------|-----------|
| Appearance   |        |                   |           |
| Eyes / Ears / Nose / Throat  |        |                   |           |
| Lymph Nodes  |        |                   |           |
| Heart – Auscultation of the heart in supine position                                     |        |                   |           |
| Heart – Auscultation of the heart in standing position                                   |        |                   |           |
| Heart – Lower Extremity Pulses   |        |                   |           |
| Pulses   |        |                   |           |
| Lungs  |        |                   |           |
| Abdomen  |        |                   |           |
| Genitalia (Males Only)   |        |                   |           |
| Skin   |        |                   |           |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hyper mobility, or scoliosis) |        |                   |           |
| MUSCULOSKELETAL  | NORMAL | ABNORMAL FINDINGS | INITIALS* |
| Neck   |        |                   |           |
| Back   |        |                   |           |
| Shoulder / Arm   |        |                   |           |
| Elbow / Forearm  |        |                   |           |
| Wrist / Hand   |        |                   |           |
| Hip / Thigh  |        |                   |           |
| Knee   |        |                   |           |
| Leg / Ankle  |        |                   |           |
| Foot   |        |                   |           |
| Other as noted   |        |                   |           |

\*station-based examination only

**Clearance:**

Cleared for all participation.  
 Cleared after completing rehabilitation / examination for: \_\_\_\_\_  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

**Recommendations:**

Provider Name: \_\_\_\_\_ Provider Address: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_