

El Paso Christian Home School Panthers Physical Evaluation Form

In accordance with Texas Association of Independent Athletic Organizations (TAIAO) General Rules, Sub Chapter G; Eligibility, Section 236 G; Physicals: All students participating in athletics must have a physical examination every other year. Once the physical has been done, the student must present a completed and signed doctor's form to the head coach or administrator in charge. The Member Organization in turn must keep the form on file.

Student's Name _____ Gender: M F

School _____ DOB _____ AGE _____ Grade _____

Parent/Legal Guardian _____

Primary Care Physician/Clinic _____

Conducting Physician/Clinic _____

Conducting Physician's Phone # and email _____

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			
Lungs			
Abdomen			
Chest			
Genitalia (male only)			
Other:			
Muscular/Skeletal			
Neck			
Back/Spine			
Elbows			
Wrist/Hands			
Hips			
Knees			
Ankles/Feet			

Physician's Signature _____ Date of Exam _____

_____ Cleared for participation _____ Not Cleared for participation

_____ Cleared for participation after completing the following: (i.e. rehabilitation etc. additional comments)

