



Brownsville Independent School District
Participation Form for Secondary Programs

Pre-Participation Physical Examination Form

Student's Name: _____ Sex (circle one): M F Age: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ BP: ____/____ (____/____, ____/____)
Brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected Lenses (circle one): Yes No Contact Lenses (circle one): Yes No Pupils (circle one): Equal Unequal

The Brownsville Independent School District requires any student participating in University Interscholastic League and/or extracurricular programs to have a physical examination annually.

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

CLEARANCE:

____ Cleared

____ Cleared after completing evaluation/rehabilitation for: _____

____ Not cleared for: _____ Reason: _____

Recommendations: _____

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, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioners will not be accepted.

Name (please print): _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, OR CONTEST BEFORE, DURING, OR AFTER SCHOOL.