



Printed Student Name \_\_\_\_\_

**HEB-ISD Pre-participation Physical Examination**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ % BODY FAT (Optional) \_\_\_\_\_ PULSE \_\_\_\_\_ BP \_\_\_\_\_  
VISION R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED: Y / N PUPILS: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the front side. \*Local district policy may change to where an annual physical exam may be required.  
HEBISD requires annual physicals.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart–Auscultation supine			
Heart–Auscultation standing			
Heart–Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Cleared \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not Cleared For: \_\_\_\_\_

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, 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.

Physician Name (print/type) \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Signature \_\_\_\_\_