

**TMA/TSSAA Pre-participation Medical Evaluation Form**

**General Physical Examination**

*Examiner* \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected \_\_\_ Yes \_\_\_ No Pupils \_\_\_\_\_

\_\_\_\_\_ Normal \_\_\_\_\_ Abnormal Findings \_\_\_\_\_

Ears, nose, throat \_\_\_\_\_

Heart \_\_\_\_\_

Skin/lymphatics \_\_\_\_\_

Abdominals \_\_\_\_\_

Genitalia/Hernia \_\_\_\_\_

**Musculoskeletal Examination**

*Examiner* \_\_\_\_\_

\_\_\_\_\_ Normal \_\_\_\_\_ Abnormal Findings \_\_\_\_\_

Upper Extremities \_\_\_\_\_

Lower Extremities \_\_\_\_\_

Flexibility \_\_\_\_\_

*Optional Lab*

Urine sugar \_\_\_\_\_

Urine Protein \_\_\_\_\_

Urine Hematest \_\_\_\_\_

*Official Recommendation*

A. This athlete \_\_\_ may \_\_\_ may not compete in athletics/physical education based on the data gathered from this exam.

B. Prior to participation, treatment, or follow up on the following is recommended:

\_\_\_\_\_

C. Recommend further consultation with \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician