



Johnson County Sports Association
PO Box 1053, Cleburne, TX 76033
WWW.JCSALIONS.ORG

PHYSICAL EVALUATION FORM

- In adherence to JCSA By-Laws this form is required to be completed for all student athletes before competing in any extra-curricular activities.
- The physical examination form is strictly confidential, and a copy of this form will be kept on file attached with the athlete's registration packet.
- Examinations must be conducted annually in accordance with JCSA By-Laws and athletic plans. All spaces must be completed. Include a detailed explanation regarding abnormalities or unusual findings.

Athlete's Name: _____

Gender: M or F **DOB:** _____ **Age:** _____

Parent/Legal Guardian: _____

Primary Care Physician: _____

Conducting Physician: _____

Conducting Physician Address & Phone Number: _____

Height _____ **Weight** _____ **Pulse** _____ **B/P** _____

Body Build _____ **Skin** _____ **Body Fat %** _____

*If "Not Examined" please provide explanation for non-examination in the abnormal findings section.

Medical Item	Normal	Abnormalities or Unusual Findings	*Not Examined
Eyes/Ears/Nose/Throat			
Teeth/Lymph Nodes			
Heart – Supine/Standing			
Lungs			
Abdomen			
Chest			
Genitalia (male only)			
Other:			
Muscular or Skeletal	Normal	Abnormalities or Unusual Findings	*Not Examined
Neck			
Shoulders			
Back/Spine			
Elbows			



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Wrist/Hands			
Hips			
Knees			
Ankles/Feet			

- Cleared for Participation Not Cleared for Participation
- Cleared for Participation after completing the following, (i.e. rehabilitation etc. additional comments)

Physician's Signature: _____ Date of Exam _____