

**PHYSICAL EXAMINATION/ EVALUACIÓN FÍSICA**

Last Name/ Apellidos		First Name/ Nombre		MI/ Segundo Nombre		Gender/ Género	Age/ Edad	Grade/ Grado	Date of Birth/ Fecha Nacimiento	Allergies
Height/ Altura	Weight/ Peso	Pulse/ Pulso	BP (Bracial Blood Pressure While Sitting) _____/____/____ (_____/____/____, ____/____)				Vision R 20/____ L 20/____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N		Pupils <input type="checkbox"/> Equal <input type="checkbox"/> Unequal	

As a minimum requirement, this **Physical Examination Form** must be completed prior to admittance to Texas School for the Deaf.  
**\*\* Texas School for the Deaf policy requires an annual physical exam prior to entering 3<sup>rd</sup> thru 12<sup>th</sup> grades. \*\***

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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			
Urinalysis			

**MUSCULOSKELETAL**

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

\* station-based examination only

**SCOLIOSIS SCREENING**

☐ No curvature noted

Left	Right	Left	Right
		High Shoulder	Rib hump
		Shoulder blade stands out more than the other	Obvious curve of spine in lower back
		Obvious curve of the spine in area of the rib cage	Hip higher than the other side

**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, 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.*

Name (print/type): \_\_\_\_\_ Date of Examination: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

\* Must be completed before a student participates in any practice (both in-season and out-of-season) or games/matches.

\*Debe ser llenado antes de que el estudiante pueda participar en cualquier practica (tanto en temporada como en fuera de temporada) o juegos/competencia.

## ACTIVITY CLEARANCE FOR STUDENTS WITH MEDICAL CONDITIONS AND/OR IMPLANTED MEDICAL DEVICES

In the interest of students' safety, the TSD Medical Director and Student Health Services policy is:

For certain medical conditions, such as seizure disorders, visual impairments, cardiac conditions, orthopedic impairments or other potentially limiting conditions, each student should be assessed by the student's treating physician and any activity limitations specified in writing.

*Con el mayor interés en la seguridad del estudiante, la póliza del Director Médico de TSD y de la Enfermería sigue:*

*A no ser que el médico privado del estudiante lo libre, el estudiante con implante coclear, shunt, marcador de pasos al corazón, u otros aparatos médicos implantados no se permite participar en deportes competitivos. Actividades físicas normales y clase de gimnasio se permiten y se animan. Si hay alguna pregunta sobre lo propio de alguna actividad, la situación debe revisarse por el médico privado antes de permitir la participación.*

**For recreational physical activities and P.E., physician clearance is required once on admission to TSD or once when a condition is newly diagnosed if the Student Health Services determines that a potentially limiting medical condition exists. It is part of the annual physical required for participation in competitive athletics. It may also be required again if the condition changes or the student plans to participate in new activities.**

**For cochlear implants, shunts, pacemakers, and other implanted medical devices no competitive sports are permitted unless previously cleared by the student's private physician. Normal physical activities and PE are allowed and encouraged. If there is a question about the appropriateness of any activity, the situation will need to be reviewed by the patient's private physician before it will be allowed.**

*Una vez el estudiante es inscrito en TSD, se requiere que el médico lo libre para actividad física y clase de gimnasio. Se requiere esta liberación anualmente para estudiantes que participan en deportes competitivos.)*

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DOB

I UNDERSTAND THAT THE ABOVE NAMED STUDENT HAS:

☐ Cochlear implant      ☐ Pacemaker      ☐ Shunt      ☐ Other(list) \_\_\_\_\_  
☐ Epilepsy      ☐ Usher's syndrome      ☐ other visual impairment (describe) \_\_\_\_\_  
☐ Cerebral Palsy      ☐ Long QT      ☐ PE tubes or chronic TM perforation  
☐ Other medical condition(s): i.e. orthopedic, cardiac, respiratory or neurological (describe) \_\_\_\_\_  
 \_\_\_\_\_

If student is 15 or above and has seizure disorder or visual impairment: this student: ☐ may ☐ may not drive.

If student has seizure disorder, Musculoskeletal or neurological abnormalities, or TM perforation/tubes this student:

☐ may swim unsupervised    ☐ may swim with a buddy    ☐ may not swim    ☐ may swim with earplugs

Please list other activity restrictions, PE and recreational activities, as well as competitive sports **THAT ARE NOT ALLOWED.**  
**PLEASE BE VERY SPECIFIC ABOUT ACTIVITIES THAT ARE RESTRICTED, ESPECIALLY RELATED TO CONTACT OR EXERTION THAT MIGHT BE CONTRAINDICATED.**

**THIS STUDENT IS CLEARED FOR ALL ACTIVITIES EXCEPT:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Printed/Typed Physician's name

\_\_\_\_\_  
Street Address, City, State & Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # Fax #

\_\_\_\_\_  
DEA #  
(for controlled drugs RX)

\_\_\_\_\_  
UPIN #  
(for lab orders)

\_\_\_\_\_  
Date signed

**SCHOOL YEAR AUGUST 20\_\_\_\_ - JULY 20\_\_\_\_**