PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER/CHEERLEADER PHYSICAL FORM

Season: *2010* **Chapter:** S.C.V.A.A.

Section I: PHYSICAL DESCRIPTION & CONDITION
PARENTS PLEASE FILL THIS SECTION OUT

Participant Name: ______________________ Male Female
First *Last* *Circle One*

Address: ______________________

City: __________ State: ______ Zip Code: __________

Phone: __________ Hair Color: __________ Eye Color: __________

Sport (Check One) Football ______ Cheerleader ______ Date of Birth: __________

Section II: HEALTH HISTORY
PARENTS PLEASE FILL THIS SECTION OUT

Family Physician: __________ Phone: __________

Other Caregiver: __________ Phone: __________

Medications: __________ Allergies: __________

1. Are there any injuries requiring medical attention? Yes No
2. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
3. Does the participant have asthma/require the use of an inhaler? Yes No
4. Is the participant diabetic/require medication for diabetes? Yes No
5. Does/has the participant have/had Seizures? Yes No
6. Does/has the participant have/had Kidney Issues? Yes No
7. Does/has the participant have/had Heart Issues? Yes No
8. Does/has the participant have/had a Head Injury? Yes No
9. Does/has the participant have/had a Shoulder/Hip Injury? Yes No
10. Does the participant have any other physical limitations or medical conditions? Yes No

Section III: MEDICAL EXAMINATION
PHYSICIAN PLEASE FILL THIS SECTION OUT

Height ______ Weight ______ Blood Pressure ______ / ______ Temp ______

Mouth/Teeth ______ Nose/Throat ______ Dermatological ______

Respiratory ______ Neurological ______ Muskoskeletal ______

Cardiovascular ______ Abdomen ______ Hernia ______

REMARKS: Please check appropriate block.

☐ While this examination does not constitute a complete Medical Examination, it does on this date, on my observations, meet the requirements for participation in the youth football program.

☐ The individual examined by me on this date is considered "not" physically qualified to participate in this youth football/cheer program for the following reasons.

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PHYSICIAN PLEASE FILL THIS SECTION OUT

EXAMINED BY: ______________________

SIGNATURE: ______________________

DATE: __________

ADDRESS:

CITY: **ZIP:**

PHONE: **STATE:**