

# PACIFIC YOUTH FOOTBALL LEAGUE

## PLAYER AND CHEERLEADER PHYSICAL FORM

Season: \_\_\_\_\_

Chapter: \_\_\_\_\_

### PARENT TO COMPLETE SECTION 1

#### SECTION 1: INFORMATION & HEALTH HISTORY

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Circle All Known Medical Conditions:

Asthma	Yes	No
Diabetes	Yes	No
Head Injuries	Yes	No
Heat Stroke	Yes	No
Heart Condition	Yes	No
Kidney Injuries	Yes	No
Shoulder/Hip Injuries	Yes	No
Other	Yes	No

Primary Physician:	Phone:
Preferred Emergency Center:	City:
List Current Medications:	

### MEDICAL PROFESSIONAL TO COMPLETE SECTION 2

#### SECTION 2: MEDICAL EXAM

Recorded Height	
Recorded Weight	
Recorded Blood Pressure	
Recorded Temperature	
Hair Color	
Eye Color	

#### Circle All Known Medical Conditions:

Ears	Yes	No	Lungs	Yes	No
Eyes	Yes	No	Skin	Yes	No
Nose	Yes	No	Hernia	Yes	No
Teeth	Yes	No	Abdomen	Yes	No
Head/Neck	Yes	No	Extremities	Yes	No
Heart	Yes	No	Feet	Yes	No
Other					

**CLEARED:** WHILE THIS EXAM 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.

**NOT CLEARED:** THE INDIVIDUAL EXAMINED BY ME ON THIS DATE IS CONSIDERED **"NOT"** PHYSICALLY QUALIFIED TO PARTICIPATE IN THE YOUTH FOOTBALL / CHEER PROGRAM FOR THE FOLLOWING REASONS:

Examination By: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date of Examination: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_

**REQUIRED**

OFFICE STAMP HERE