

Central Texas Youth Football League 2009 Physical Examination

Name: _____
First
Middle
Last

Age as of July 31, 2009 _____

Physical Examination

To Physician: Your careful examination and written recommendations will encourage personal fitness and safe participation in strenuous sports activities. Please complete the following physical evaluation and review medical history with player.

Normal		Abnormal		Normal		Abnormal*
<input type="checkbox"/>	Weight lbs.	<input type="checkbox"/>		<input type="checkbox"/>	Abdomen	<input type="checkbox"/>
<input type="checkbox"/>	Eyes	<input type="checkbox"/>		<input type="checkbox"/>	Hernia	<input type="checkbox"/>
<input type="checkbox"/>	Ears	<input type="checkbox"/>		<input type="checkbox"/>	Genitalia	<input type="checkbox"/>
<input type="checkbox"/>	Nose	<input type="checkbox"/>		<input type="checkbox"/>	Extremities	<input type="checkbox"/>
<input type="checkbox"/>	Throat	<input type="checkbox"/>		<input type="checkbox"/>	Spinal (Posture)	<input type="checkbox"/>
<input type="checkbox"/>	Teeth	<input type="checkbox"/>		<input type="checkbox"/>	Skin	<input type="checkbox"/>
<input type="checkbox"/>	Lungs	<input type="checkbox"/>		<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>
<input type="checkbox"/>	Heart	<input type="checkbox"/>		<input type="checkbox"/>	Bones	<input type="checkbox"/>
<input type="checkbox"/>	Blood Pressure:	<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>	_____ / _____	<input type="checkbox"/>				
	Pulse:					

*If abnormal, please explain:

Medical History

Check any of the following illnesses of symptoms that have occurred to the subject player in the past or at the present time:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Medical Reaction: Describe- | | |
| <input type="checkbox"/> Surgery: Describe- | | |
| <input type="checkbox"/> None of the above: | | |

I certify that I have reviewed the medical history and examined the subject player and find him physically fit to participate in competitive youth sports activities.

Signature: _____

Date: _____

Name: _____
 Licensed Physician or Intern