

PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER/CHEERLEADER PHYSICAL FORM

Season _____

Chapter _____

Section I. PHYSICAL DESCRIPTION & CONDITION – SIGN-UP

Participants Name _____

Height: ____ Ft. ____ In. Weight: ____ Lbs. Hair: _____ Eyes: _____

Section II. HEALTH HISTORY

Family Physician _____ Phone _____

Other Caregiver _____ Phone _____

Current Medications _____

Preferred Emergency Room _____

Hospital _____

Current Problems	Yes	No
Asthma		
Kidney Injuries		
Head Injuries		
Shoulder or Hip Injuries		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Section III. MEDICAL EXAMINATION

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ TEMP _____

EAR _____ EYES _____ NOSE _____ NOSE _____

HEART _____ LUNGS _____ SKIN _____ TEETH _____

HERNIA _____ ABDOMEN _____ EXTREMITIES _____ FEET _____

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 program for the following reasons:

EXAMINED BY _____ DATE _____ SIGNATURE _____

ADDRESS _____ OFFICE PHONE _____