

**MARS Football /Cheer Health and Fitness
Evaluation Form**

Name of Athlete: _____ Team name: _____
Birthdate: _____ Age: _____ Grade in Fall: _____
Address: _____
Parent/Guardian: _____
Home phone: _____ Cell phone: _____

Regarding the Athlete

1. Has the athlete had any injuries or conditions requiring medical attention with the past year? No ___ Yes ___
If yes, what? _____
2. Has had rheumatic fever or heart murmur? No ___ Yes ___
3. Has been under physician's care for illness or surgery? No ___ Yes ___
If yes, type of injury or surgery: _____
4. Has an immediate relative died suddenly before the age of 60? No ___ Yes ___
5. Any allergies to food or medications? _____
6. Health history and medical information pertinent to routine child care _____

Does the athlete:

Wear glasses? No ___ Yes ___ Contacts? No ___ Yes ___

Take medication? No ___ Yes ___ If yes, what kind? _____

Hospital Preference (in case of emergency) _____

To be completed by Physician

Physician's comments on medical history:

Height: _____ Weight: _____ Pulse: _____ BP: _____

Physical Exam of :	Head/ears/eyes/nose/throat	Normal	Abnormal
	Teeth	Normal	Abnormal
	Cardio respiratory	Normal	Abnormal
	Abdominal /GI	Normal	Abnormal
	Extremities/joints/back/chest	Normal	Abnormal

Comments: _____

I certify that I have on this date examined this athlete and find him/ her physically (able/ unable) to participate in MARS Youth Football/ Cheer in supervised activities.

Limitations: _____

Physician's

Signature: _____ Date _____