



# Snoop Youth Football League PHYSICAL EXAM FORM

No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been Completed In Full!

Association: \_\_\_\_\_

Date of Physical: \_\_\_\_\_

Team Chapter: \_\_\_\_\_ Team Name: \_\_\_\_\_

Candidate's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### MEDICAL HISTORY:

Glasses/contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bleeding tendencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Surgery within past year	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell tendency	<input type="checkbox"/>	<input type="checkbox"/>
History of Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bone or joint injury	<input type="checkbox"/>	<input type="checkbox"/>	Head injuries within past year	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus(shot date)	_____	
Fractures within past year	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys disease/infections	<input type="checkbox"/>	<input type="checkbox"/>	Current Medications	_____	
Dentals braces or dentures	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	Remarks	_____	

### VITALS:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Respiration: \_\_\_\_\_

### SYSTEMS REVIEW:

HEART (N) \_\_\_\_\_ EARS (N) \_\_\_\_\_

LUNGS (N) \_\_\_\_\_ NOSE (N) \_\_\_\_\_

ABDOMEN (N) \_\_\_\_\_ THROAT (N) \_\_\_\_\_

EYES (N) \_\_\_\_\_

### HERNIA:

Umbilical / Inguinal: \_\_\_\_\_

### POSTURE / RANGE OF MOTION:

Cervical Thoracic / Lumbar: \_\_\_\_\_

Extremities:  
Upper: \_\_\_\_\_

Lower: \_\_\_\_\_

I certify that I have on this date examined this child and that, on the basis of the examination requested and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this child to compete in supervised athletic activities.

Doctors Stamp:

DOCTORS NAME (Printed): \_\_\_\_\_

DOCTORS SIGNATURE: \_\_\_\_\_

DOCTORS PH#: (       )