

Sports Physical – Examination Report

Name:		Grade:		Age:	
Address:		City:		Zip:	
Date of Birth:	With whom do you live?>>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Fathers Name:			Mother's Name:		
Work Phone:			Work Phone:		
Home Phone:			Home Phone:		
Doctor's Name:			Office Phone:		

Physical Examination – Categories May be Added or Deleted <i>(To be completed by Physician)</i>					
System	Normal	Abnormal	System	Normal	Abnormal
Urinalysis			Thyroid		
Vision			Chest		
Blood Pres.			Lungs		
Pulse			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia		
Teeth			Neuralgic		
Orthopedic			Muscular		

Recommendations: _____

I certify that I have examined the above student and find him/her able to compete in the athletic activities <i>not</i> crossed out as follows:	
Baseball	<i>Skiing</i>
Basketball	<i>Soccer</i>
Competitive Cheer	<i>Softball</i>
Cross Country	<i>Swimming</i>
Football	<i>Tennis</i>
Golf	<i>Track</i>
Gymnastics	<i>Volleyball</i>
Ice Hockey	<i>Wrestling</i>
Signature of Examining Physician: _____ Date: _____	

Medical Treatment Consent

I (the undersigned) as the Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention and further recognize that Swartz Creek Youth Football personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Parent or Legal Guardian:		Date:
Medical Insurance Carrier:		Group #:
Name of Insured:		Member #:
Current allergies, conditions, or medications:		