

**PACIFIC YOUTH FOOTBALL LEAGUE
PLAYER/CHEERLEADER PHYSICAL FORM**

Season: 2011

Chapter: SCVAA

Section I. PHYSICAL DESCRIPTION & CONDIT/ON - SIGN-UP

Participants Name _____

Height: _____ Ft. _____ In. Weight: _____ Lbs.

Hair: _____ Eyes: _____

Section II. HEAL TH 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

| | | | |
|-------------|--------|----------------|---------|
| Heart | Weight | Blood Pressure | Temp |
| Ears | Eyes | Nose | Lungs |
| Skin | Teeth | Hernia | Abdomen |
| Extremities | | | |

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 _____