

PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER/CHEERLEADER PHYSICAL FORM

Season: 2008

Chapter: SCVAA

Section I. PHYSICAL DESCRIPTION & CONDIT/ON - 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

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/cheer program.

The individual examined by me on this date is considered "not" physically qualified to participate in this youth football/cheer program for the following reasons:

EXAMINED BY _____ DATE _____ SIGNATURE _____

ADDRESS _____ OFFICE PHONE _____