



# Monterey Bay Youth Football League

## 2026 PHYSICAL EXAM FORM

Date of Physical: \_\_\_\_\_ (Physicals before 3/1/2026 will not be accepted)

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Division of Play: \_\_\_\_\_ Team Name: \_\_\_\_\_

### MEDICAL HISTORY:

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head injuries within past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgery within past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tetanus (shot date)
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	History of heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Current Medications
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Repeated bone or joint injuries	<input type="checkbox"/>	<input type="checkbox"/>	Kidney diseases/infections	<input type="checkbox"/>	<input type="checkbox"/>	Remarks
Fractures within past year	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Dental braces or bridges	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Tendency	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	

### VITALS:

Blood Pressure \_\_\_\_\_ Respiration \_\_\_\_\_ Weight \_\_\_\_\_

Height \_\_\_\_\_ Pulse \_\_\_\_\_ Temperature \_\_\_\_\_

### SYSTEMS REVIEW:

HEART: \_\_\_\_\_ EARS: \_\_\_\_\_ LUNGS: \_\_\_\_\_

NOSE: \_\_\_\_\_ ABDOMEN: \_\_\_\_\_ THROAT: \_\_\_\_\_

EYES: \_\_\_\_\_

### HERNIA:

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

### POSTURE / RANGE OF MOTION:

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

Extremities:

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

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

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



The above-listed child does not have any physical ailment that would prevent them from participating in cheerleading or flag/tackle football.

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