PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER AND CHEERLEADER PHYSICAL FORM

SEASON:		CHAPTER:							
SECTION 1: PHYSICAL DESC		PARENT TO COMPLETE THIS SECTION							
NAME OF DARTICIDANT.									
NAME OF PARTICIPANT:	HAIR COLOR:	EVE							
	EIGHT: FT IN. WEIGHT: LBS.								
SECTION 2: HEALTH HISTORY PARENT TO COMPLETE THIS SECTION									
			CIRCLE CURRENT PROBLEMS: ASTHMA			INO.	1		
NAME OF PHYSICIAN:	PHONE:		DIABETES		YES	NO NO			
PREFERRED EMERGENCY CENTER:	CITY:		HEAD INJURIES		YES	NO			
PREFERRED EIVIERGENCY CENTER.	CITY:		HEAT STROKE		YES	NO			
LIST CURRENT MEDICATIONS:			HEART CONDITION			NO			
			KIDNEY INJURIES		YES	NO			
		SHOULDER/HIP INJURIES			YES	NO			
			OTHER:		YES	NO			
SECTION 3: MEDICAL EXAM DOCTOR TO COMPLETE THIS SECTION									
			ADC	LIEAD /NECK		LIEDAU			
RECORDED HEIGHT:		EARS EYES		HEAD/NECK HEART		HERNIA ADBODMEN			
RECORDED WEIGHT: RECORDED BLOOD PRESSURE:			IOSE	LUNGS					
RECOREDED TEMPURATURE:		TEETH		SKIN		EXTREMIITIES FEET			
RECORDED TENNI ON WORL.				<u> </u>		OTHER:			
[] WHILE THIS EXAM DOES N	OT CONSTITUTE A COMPLET	ГЕ М	EDICAL EXAMINAT	ION, IT DOES C	N THIS	DATE, C	ON MY		
OBSERVATIONS, MEET THE REQU									
[] THE INDIVIDUAL EXAMED E	BY ME ON THIS DATE IS CON	SIDE	RED "NOT" PHYSI	ICALLY QUALIF	IFD TO	PARTICI	PATE IN THE		
YOUTH FOOTBALL PROGRAM FOR									
EVAMINED DV:		A T	- .	DHONE:					
EXAMINED BY: DA			MP OF OFFICE						
SIGNATURE: STAMP OF OFFICE NAME OF FACILITY:									
	DO 1107 110								
DO NOT USE THIS SPACE									
THIS SPACE TO REMAIN BLANK									
FOR PYFL CERTIFICATION									