

# PACIFIC YOUTH FOOTBALL LEAGUE

## PLAYER AND CHEERLEADER PHYSICAL FORM

SEASON: 2024

CHAPTER: EL RIO SPARTANS YOUTH FOOTBALL & CHEER

### PARENT TO COMPLETE SECTION 1

#### SECTION 1: INFORMATION & HEALTH HISTORY

NAME OF PARTICIPANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRIMARY PHYSICIAN:	PHONE:
PREFERRED EMERGENCY CENTER:	CITY:
LIST CURRENT MEDICATIONS:	

#### CIRCLE ALL KNOWN MEDICAL CONDITIONS:

ASTHMA	YES	NO
DIABETES	YES	NO
HEAD INJURIES	YES	NO
HEAT STROKE	YES	NO
HEART CONDITION	YES	NO
KIDNEY INJURIES	YES	NO
SHOULDER/HIP INJURIES	YES	NO
OTHER:	YES	NO

### MEDICAL PROFESSIONAL TO COMPLETE SECTION 2

#### SECTION 2: MEDICAL EXAM

RECORDED HEIGHT	
RECORDED WEIGHT	
RECORDED BLOOD PRESSURE	
RECORDED TEMPERATURE	
HAIR COLOR	
EYE COLOR	

			CHECKED		
EARS	YES	NO	LUNGS	YES	NO
EYES	YES	NO	SKIN	YES	NO
NOSE	YES	NO	HERNIA	YES	NO
TEETH	YES	NO	ABDOMEN	YES	NO
HEAD/NECK	YES	NO	EXTREMITIES	YES	NO
HEART	YES	NO	FEET	YES	NO

**CLEARED:** WHILE THIS EXAM 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.

**NOT CLEARED:** THE INDIVIDUAL EXAMED BY ME ON THIS DATE IS CONSIDERED "NOT" PHYSICALLY QUALIFIED TO PARTICIPATE IN THE YOUTH FOOTBALL / CHEER PROGRAM FOR THE FOLLOWING REASONS:

EXAMINATION BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

**REQUIRED**

OFFICE STAMP HERE