

Warren County Youth Football League

Physical Examination Form & Questionnaire

Player's Information

Player's Name: _____ Grade(26/27): _____

School: _____ Date of Birth: _____

Questionnaire

1. Have you had any injuries in the last year? Y / N

If yes, explain: _____

2. Have you ever had any type of surgery? Y / N

If yes, explain: _____

3. Do you have any of the following?

- Hearing Loss Y / N
- Sight Problems Y / N
- Asthma Y / N If yes, do you use an inhaler? Y / N
- Heart Disease Y / N
- Skin Infection Y / N
- Bone/Joint Problems Y / N
- Diabetes Y / N

Parents Signature, confirming above information is correct to the best of their knowledge:

_____ Date: _____

Physicians Report

Player's Height _____ Player's Blood Pressure _____

Player's Weight _____ Player's Pulse Rate _____

I find the above child to be physically fit to commence practice and participate in athletic contests with members of the Warren County Youth Football League during the 2025 season, as indicated by the date of the physical evaluation and my signature.

Physician's Signature:

_____ Date: _____