



**GWINNETT LACROSSE LEAGUE  
PHYSICAL EXAMINATION FORM  
2017 Season**



Player's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Name must match name on report card - no nicknames or shortened names**

**MEDICAL HISTORY (to be completed by parent - prior to physical)**

	Yes	No		Yes	No
Allergies			Epilepsy/Seizures		
Asthma			Hearing Disorder		
Bone or Joint Disease			Heart Disease		
Concussion history			Lung Disease		
Contact Lenses/Glasses			Poliomyelitis		
Diabetes			Tetanus Booster may be given		

Explain "Yes" answers above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXAMINATION (to be completed by MD, DO, PA, or NP ONLY)**

Height	Weight			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Pulse before exercise	Pulse after exercise			B/P	
	Normal	Abnormal Findings		Normal	Abnormal Findings
General Condition			Lymph Nodes		
Abdomen			Neck		
Ears			Neurologic		
Eyes			Shoulder/Arm		
Heart			Skin		
Lungs			Spine		

- Cleared for Sports without Restriction
- Cleared for Sports without Restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not Cleared for Sports

**Provide printed name, address and phone number of Medical Provider in the box below**



**Office stamp preferred.**



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature \_\_\_\_\_

Date of Exam \_\_\_\_\_

**(MD, DO, PA, or NP only)**