

Heartland Youth Football League

Physical Form

Name _____ Grade in Fall _____

Date of Physical ____/____/____ Participates in (circle one): Football Cheerleading

Height _____ Weight _____ lbs. Pulse _____ BP _____/____

Physical Findings:

| EXAMINATION | NORMAL | ABNORMAL | COMMENTS |
|---------------|--------|----------|----------|
| HEAD | | | |
| EYES | | | |
| NOSE | | | |
| THROAT | | | |
| EARS | | | |
| NECK | | | |
| LUNGS | | | |
| HEART | | | |
| ABDOMEN | | | |
| G-U | | | |
| SKIN | | | |
| CHEST CONTOUR | | | |
| SPINE | | | |
| NEUROLOGICAL | | | |
| MATURATION | | | |
| FLEXIBILITY | | | |
| EXTREMITIES | | | |

Health Insurance Coverage

Name of Health Insurance Provider _____ Policy/Group # _____

Concussion History: Previous # of Concussions: _____

Dr's Comments: _____

Physician's Statement:

In my opinion, the above named:

1. May _____ May not _____ participate in the Heartland Youth Football and Cheerleading League for the _____ season.

(Or)

2. May participate in the Heartland Youth Football League for the _____ season with the following limitations or restrictions:

Disapproval reason and comments: _____

Physician's Signature

Date