

# PHYSICAL EXAMINATION & MEDICAL HISTORY

## Central Coast Youth Football League

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Verified by Birth Certificate: Yes \_\_\_ No \_\_\_

### Physical Examination

PHYSICIAN: Your careful examination and written recommendations will encourage personal fitness and safety participation in strenuous sports activities. Please complete the following physical evaluation, and review medical history with subject player.

Normal		Abnormal	Explanation if Abnormal
( )	Abdomen	( )	_____
( )	Blood Pressure _____	( )	_____
( )	Ears	( )	_____
( )	Extremities	( )	_____
( )	Eyes	( )	_____
( )	Genitalia	( )	_____
( )	Heart	( )	_____
( )	Lungs	( )	_____
( )	Nose	( )	_____
( )	Skin	( )	_____
( )	Spine (posture)	( )	_____
( )	Teeth	( )	_____
( )	Throat	( )	_____
( )	Vision	( )	_____
( )	Height	( )	_____
( )	Weight _____ lbs.	( )	_____

### Medical History

CHECK MARK any of the following illness or symptoms that have occurred to the subject player in the past, or at the present time:

( ) Asthma ( ) Fainting ( ) Convulsions ( ) Diabetes ( ) Heart Problems ( ) Headaches  
 ( ) Surgery \_\_\_\_\_ ( ) Medication Reaction \_\_\_\_\_ ( ) None of the above

I certify that I have reviewed the medical history and examined the subject player and find Him \_\_\_ her \_\_\_ physically fit to participate in competitive sport activities.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of injury or illness to my child, \_\_\_\_\_, I hereby grant authorization to a qualified physician to render such medical attention as said physician deems necessary.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian Emergency Date: \_\_\_\_\_ Emergency Phone# \_\_\_\_\_