

Kettering Youth Football and Cheer Organization  
CHEER PHYSICAL FORM-2023

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parents Name \_\_\_\_\_ Grade/Color \_\_\_\_\_

HISTORY: (to be completed by parent/guardian)

	Yes	No	Explain
Allergies			
Asthma			
Shortness of Breath			
Chronic Cough			
Heart Trouble			
Seizure			
Severe Headaches			
Dizzy Spells			
Neck trouble/injury			
Back trouble/injury			
Ongoing medical problem			
Head injury			
Currently on medication			

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PHYSICAL EXAM: (to be completed by the physician)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

	Normal	Abnormal Findings
Heart		
Lungs		
Neck/Spine		
Joints		
General Condition		
Nutrition		

On the basis of the examination on this day, I approve this child's participation in youth cheerleading.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limitations \_\_\_\_\_

\_\_\_\_\_  
Name of Examining Physician

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date