

# PACIFIC YOUTH FOOTBALL LEAGUE

## PLAYER/CHEERLEADER PHYSICAL FORM

Season \_\_\_\_\_

Chapter: **BURBANK VIKINGS**

### Section I. PHYSICAL DESCRIPTION & CONDITION – SIGN-UP

Participants Name \_\_\_\_\_

Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In.                      Weight: \_\_\_\_\_ Lbs.

Hair: \_\_\_\_\_                      Eyes \_\_\_\_\_

### Section II. HEALTH HISTORY

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Caregiver \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications \_\_\_\_\_

Preferred Emergency Room \_\_\_\_\_

Hospital \_\_\_\_\_

Current Problems	Yes	No
Asthma		
Kidney Injuries		
Head Injuries		
Shoulder or Hip Injuries		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

### Section III. MEDICAL EXAMINATION

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ TEMP \_\_\_\_\_

EAR \_\_\_\_\_ EYES \_\_\_\_\_ NOSE \_\_\_\_\_ NOSE \_\_\_\_\_

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_ SKIN \_\_\_\_\_ TEETH \_\_\_\_\_

HERNIA \_\_\_\_\_ ABDOMEN \_\_\_\_\_ EXTREMITIES \_\_\_\_\_ FEET \_\_\_\_\_

REMARKS: Please check appropriate block.

[ ] While this examination does not constitute a complete Medical Examination, it does on this date, on my observations, meet the requirements for participation in the youth football program.

[ ] The individual examined by me on this date is considered "not" physically qualified to participate in this youth football program for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

EXAMINED BY \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_