

Solanco Midget Football Physical Form

TO BE COMPLETED BY PARENT:

Player Name: _____ Birth date: _____ Age: _____

Address: _____

Parent's Name(s): _____ Telephone: _____

Family Doctor: _____

<u>Past Medical History:</u>	<u>Yes</u>	<u>No</u>
1. Presently taking medication		
2. Allergic to medicine, food, etc.		
3. Wears glasses, contact lenses, hearing aid, dentures		
4. History of braces, chipped teeth, bridges		
5. Has ongoing medical problem		
6. Had serious or significant illness in the past		
7. Any past surgical procedures		
8. History of concussion		
9. Any past injuries/accidents requiring medical help		
10. Any past injuries directly related to sports		
11. Any hospitalization not explained above		
12. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)		
13. Any serious family illness (such as diabetes, bleeding disorders, heart attack before age 50, etc.)		

Review of Systems: Please check if there are any problems with any of the following areas of your body:

- | | |
|------------------|------------------------------|
| ___ Skin | ___ Abdomen |
| ___ Head | ___ Back |
| ___ Eyes | ___ Bowel/Bladder |
| ___ Ears | ___ Genital |
| ___ Nose | ___ Shoulders, arms, hands |
| ___ Mouth/throat | ___ Hips, legs, feet |
| ___ Neck | ___ Muscle strength, feeling |
| ___ Lungs | ___ Mental problems |
| ___ Heart | |

*Date of last Tetanus shot: _____

If yes to any of the above, please explain (what/where/when): _____

I certify that the above information is correct to the best of my knowledge: _____

Parent Signature

Height _____ Weight _____ Blood Pressure _____

Visual Acuity: (R) 20/_____ (L) 20/_____ without glasses _____ with glasses _____

	Normal	Abnormal findings		Normal	Abnormal findings
1. General	_____	_____	5. Heart	_____	_____
2. HEENT-neck	_____	_____	6. Abdomen	_____	_____
3. Skin	_____	_____	7. Genitalia/hernia	_____	_____
4. Lungs	_____	_____	8. Orthopedic	_____	_____

Recommendations/comments: _____

Date of Exam: _____ Physicians Signature: _____