



South Suburban Junior Football Association

SSJFA Physical Form

Participant Name: _____ Age: _____ DOB: _____ Grade: _____
 Physician Name: _____ Home Phone: _____ Sex: M F

Patient Health History			
Parents or Guardians, please answer yes or no to the following questions			
	Yes	No	If yes, please explain
Chronic or Recurrent Illness			
Hospitalization			
Operations			
Taking Medications			
Organs Missing			
Heat Exhaustion			
Dizziness, Fainting, Seizures			
Knocked Out			
Wear Glasses/Contacts			
Hearing Problems			
Allergic to Medication			
High Blood Pressure			
Bone, Joint, Spine Injury			
Liver, Spleen, Kidney or Skin Problems			
Experienced any heart related problems			
Comments:			

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned participant to participate in football activities with SSJFA. I understand the risk of injury in athletic participation.

_____ Signature of Parent/Guardian _____ Date _____
 Print Name of Parent/Guardian

TO BE COMPLETED BY PHYSICIAN				
Vitals	Satisfactory		Exam Comments	Follow Up
	Yes	No		
Height				
Weight				
BP				
Pulse				
General				
Head				
Eyes				
Ent				
Dental				
Chest				
Heart				
Abdomen				
Genital				
Skin				
Extreme, Back, Neck				

Sports Participation Approved: ____ Yes ____ No ____ Deferred

Comments: _____

_____ Signature of Physicians _____ Date _____
 Name of Physician