



2024 PHYSICAL FITNESS FORM



This form is to be dated after January 1, 2024. No other Florida Elite physical document is acceptable. The physical exam section must be completed in its entirety **ONLY** by a Licensed State Examiner (Medical Doctor, Doctor of Order, APRN etc.)

Participant Information: DATE OF EXAM: ___/___/___

Name: _____ Sex: Male Female Age: _____ Date of birth: ___/___/___

Grade: _____ School: _____ Sport(s): _____

Address: _____ Phone: _____

Parent/Guardian Name: _____ Signature: _____

Physical Exam Section:

Name: _____ Date of birth: _____
 Height: _____ Weight: _____ % Body fat (optional): _____ Pulse: _____ BP: ___/___ (___/___)
 Vision R 20/ _____ L 20/ _____ Corrected: YES NO Pupils: Equal Unequal
EMERGENCY INFORMATION:
 Drug Allergies: _____
 Other Information: _____

	NORMAL	SKIPPED	ABNORMAL FINDINGS	INITIALS*
MEDICAL				
Appearance	<input type="checkbox"/>	<input type="checkbox"/>		
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>		
Heart	<input type="checkbox"/>	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		
Skin	<input type="checkbox"/>	<input type="checkbox"/>		
Genitalia (males only)**	<input type="checkbox"/>	<input type="checkbox"/>		
MUSCULOSKELETAL				
Neck	<input type="checkbox"/>	<input type="checkbox"/>		
Back	<input type="checkbox"/>	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>	<input type="checkbox"/>		
Knee	<input type="checkbox"/>	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>	<input type="checkbox"/>		
Foot	<input type="checkbox"/>	<input type="checkbox"/>		

I hereby certify that I am a licensed state examiner and have examined the above-named individual and understand that he/she will be participating in Florida Elite football and cheer programs. I hereby attest that this individual is physically fit, and I have found no medical reason that would prevent this individual from participating; therefore, I am clearing this individual for athletic participation without limitation.

Print Name Clearly: _____ Signature: _____ Date: ___/___/___

Office Address: _____ MEDICAL STAMP IN THE AREA BELOW