PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER AND CHEERLEADER PHYSICAL FORM 2026

SEASON:_____ CHAPTER: _____

PARENT TO COMPLETE SECTION 1

SECTION 1: INFORMATION & HEALTH HISTORY

NAME OF PARTICIPANT: _____ DATE OF BIRTH: _____

PRIMARY PHYSICIAN:	PHONE:
PREFERRED EMERGENCY CENTER:	CITY:
LIST CURRENT MEDICATIONS:	

CIRCLE ALL KNOWN MEDICAL CONDITIONS:

ASTHMA	YES	NO
DIABETES	YES	NO
HEAD INJURIES	YES	NO
HEAT STROKE	YES	NO
HEART CONDITION	YES	NO
KIDNEY INJURIES	YES	NO
SHOULDER/HIP INJURIES	YES	NO
OTHER:	YES	NO

MEDICAL PROFESSIONAL TO COMPLETE SECTION 2

SECTION 2: MEDICAL EXAM

RECORDED HEIGHT	
RECORDED WEIGHT	
RECORDED BLOOD PRESSURE	
RECORDED TEMPERATURE	
HAIR COLOR	
EYE COLOR	

EARS YES NO

NOSE YES NO

LUNGS YES NO

HERNIA YES NO

EYES YES NO

ABDOMEN YES NO

SKIN YES NO

HEAD/NECK YES NO

TEETH YES NO

EXTREMITIES YES NO

HEART YES NO

FEET YES NO

[ ] **CLEARED**: WHILE THIS EXAM 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.

[ ] **NOT CLEARED**: THE INDIVIDUAL EXAMINED BY ME ON THIS DATE IS CONSIDERED **"NOT"** PHYSICALLY QUALIFIED TO PARTICIPATE IN THE YOUTH FOOTBALL / CHEER PROGRAM FOR THE FOLLOWING REASONS:

EXAMINATION BY: _____

SIGNATURE:_____

DATE OF EXAMINATION:

_____

OFFICE PHONE:

_____ NAME OF

FACILITY: _____

REQUIRED

OFFICE STAMP HERE