

PHYSICAL EXAMINATION & MEDICAL HISTORY
Central Coast Youth Football League

Child's Name: _____ Age: _____
 Date of Birth: _____ Verified by Birth Certificate: Yes__ No__

Physical Examination

PHYSICIAN: Your careful examination and written recommendations will encourage personal fitness and safety participation in strenuous sports activities. Please complete the following physical evaluation, and review medical history with subject player.

Normal		Abnormal		Explanation if Abnormal
()	Abdomen	()		_____
()	Blood Pressure _____	()		_____
()	Ears	()		_____
()	Extremities	()		_____
()	Eyes	()		_____
()	Genitalia	()		_____
()	Heart	()		_____
()	Lungs	()		_____
()	Nose	()		_____
()	Skin	()		_____
()	Spine (posture)	()		_____
()	Teeth	()		_____
()	Throat	()		_____
()	Vision	()		_____
()	Height	()		_____
()	Weight _____ lbs.	()		_____

Medical History

CHECK MARK any of the following illness or symptoms that have occurred to the subject player in the past, or at the present time:

() Asthma () Fainting () Convulsions () Diabetes () Heart Problems () Headaches
 () Surgery _____ () Medication Reaction _____ () None of the above

I certify that I have reviewed the medical history and examined the subject player and find him__her__ physically fit to participate in competitive sport activities.

Signature of Physician: _____ Date: _____

In the event of injury or illness to my child, _____, I hereby grant authorization to a qualified physician to render such medical attention as said physician deems necessary.

Date: _____ Emergency Phone # _____

Signature of Parent/Legal Guardian _____

---(White copy to Chapter --- Yellow copy to Head Coach)---