Monterey Bay Youth Football League

2026 PHYSICAL EXAM FORM

Date of Physical:_____**(Physicals before 3/1/2026 will not be accepted)**

Participants Name:_____**Age:**_____**D.O.B.:**_____

Division of Play:_____**Team Name:**_____

MEDICAL HISTORY:

	Yes	No		Yes	No		Yes	No	Tetanus (shot date)
Asthma	☐	☐	Head injuries within past year	☐	☐	Surgery within past year	☐	☐	
Allergies	☐	☐	Serious Illness	☐	☐	History of heart Murmur	☐	☐	
Glasses/Contacts	☐	☐	Repeated bone or joint injuries	☐	☐	Kidney diseases/infections	☐	☐	
Fractures within past year	☐	☐	Bleeding tendencies	☐	☐	Seizures	☐	☐	Remarks
Dental braces or bridges	☐	☐	Sickle Cell Tendency	☐	☐	Diabetes	☐	☐	

VITALS:

Blood Pressure_____ **Respiration**_____ **Weight**_____

Height_____ **Pulse**_____ **Temperature**_____

SYSTEMS REVIEW:

HEART: _____ **EARS:** _____ **LUNGS:** _____

NOSE: _____ **ABDOMEN:** _____ **THROAT:** _____

EYES: _____

HERNIA:

Umbilical / Inguinal: _____

POSTURE / RANGE OF MOTION:

Cervical Thoracic / Lumbar: _____
Extremities:
Upper:_____
Lower:_____

DOCTORS NAME (Printed): _____

ADDRESS: _____

CITY:_____**STATE:**_____**ZIP:**_____

Doctor's Office Stamp

The above-listed child does not have any physical ailment that would prevent them from participating in cheerleading or flag/tackle football.

DOCTORS SIGNATURE: _____**DATE:**_____

(Rev 03/2026)