MIAMI-DADE/BROWARD SUPER PEEWEE LEAGUE
2024 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2024 and then submitted to your Local Super Peewee organization. No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY
Legal Name of Participant (must match birth certificate):

Last___________________________ First__________________________ Middle_________________
Address ____
City___________________________ State____________________ Zip Cole_______________________
Telephone No.____
Date of Birth__________________________________ Male_____________ Female_______________
Name of Primary Medical Insurance Company____
Policy Number_______________________________ Membership Number________________________
Name of Policy____
Sport (check one): Cheer_______ Dance_______ Tackle_______

PARTICIPANT MEDICAL HISTORY

1. Are there any injuries requiring medical attention?	Yes	No
2. Are there any past surgeries or scheduled surgeries?	Yes	No
3. Is the participant currently under the care of a medical practitioner?	Yes	No
4. Is the participant currently taking any medications?	Yes	No
5. Does the participant have any allergies (penicillin, bee stings, etc.)?	Yes	No
6. Does the participant have asthma/require the use of inhaler?	Yes	No
7. Is the participant diabetic/require medication for diabetes?	Yes	No
8. Does the participant carry sickle cell trait/suffer from sickle cell disease?	Yes	No
9. Does the participant currently require medication?	Yes	No
10. Does/has the participant have/had seizure?	Yes	No
11. Does the participant wear glasses or contact lenses?	Yes	No
12. Does the participant have a brace or other medical support device?	Yes	No
13. Does the participant have any other physical limitation or medical condition?	Yes	No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:
____
____

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participant at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: ______________________________ Date______________

Print Name: ________________________________ Relationship to Participant________________

This form is not to be used in any Super Peewee tournaments outside of the Miami-Dade/Broward Super Peewee League

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Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Participant's Name: ____

(Please check the following if healthy or note otherwise):

Height	Weight	Eye
Ears	**Mouth**	**Nose & Throat**
Respiratory	**Cardiovascular**	**Neurological**
Musculoskeletal	**Dermatological**	**Blood Pressure**

I hereby certify that I am a licensed state examiner and have examined the above name individual and understand that he/she will be involved in participating in **MIAMI-DADE/BROWARD SUPER PEEWEE LEAGUE** football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in MIAMI-DADE/BROWARD SUPER PEEWEE LEAGUE activities for the 2021 season. I am therefore clearing this individual for athletic participation without limitation**.**

Please place medical professional stamp here or fill out the following:

Signed____ Date: ____________________

Print Name____

Please indicate medical profession (MD., D.O.R.N., etc.)_____________________________________

Address____________________________________ City_____________________ State___________

Telephone____

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NOTE: All Super Peewee Physicals Must Be On The Miami-Dade/Broward Super Peewee Physical Form. No Other Physical Forms Will Be Acceptable.