

PLEASE FILL OUT ALL BLOCKS HIGHLIGHTED IN RED



SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

PHYSICAL EXAMINATION FORM

ASSOCIATION NAME:

DIVISION: F 8U 9U 10U 11U 12U 13U 14U CHEER (CIRCLE ONE)

Athlete's Name:

(Last Name, First Name, MI)

Birthdate:

Phone:

Address:

(city), CA (zip)

Physician Name:

Physician Phone:

The above named athlete has my permission to participate in San Diego Youth Football and Cheer Conference, Inc. activities and has permission to travel with a representative of San Diego Youth Football and Cheer Conference, Inc. and the local Association on any trips. In case of injury a San Diego Youth Football and Cheer Conference, Inc. representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with San Diego Youth Football and Cheer Conference, Inc., and will not hold San Diego Youth Football and Cheer Conference, Inc., the local Association or its representatives responsible for payment as the result of any accident or injury.

Medical History (to be completed by parent/guardian)

R or L Handed

Allergies to medications

Has athlete had the following:

(ALL boxes must be checked)

Explain "Yes" Answers

- 1. Injuries to head, neck, bones or joints YES NO
2. Any other injuries requiring medical attention YES NO
3. Seizures, blackouts or any episode of unconsciousness YES NO
4. Heart trouble, heart murmur, high blood pressure YES NO
5. Any serious infectious disease YES NO
6. Hospitalization or operations in the past YES NO
7. Stomach, intestinal, or urinary tract problems YES NO
8. Is athlete under care of a doctor now YES NO
9. Is athlete taking any medication on a regular basis YES NO
10. Any dental problems YES NO

Parent or Legal Guardian Signature

Date

Physical Examination (to be completed by physician)

DATE OF PHYSICAL: \_\_\_\_\_

Table with 4 columns: Physical Exam, HEIGHT, WEIGHT, HEART, BLOOD PRESSURE, LUNGS, PULSE, CHEST (including Breasts), GENERAL APPEARANCE, ABDOMEN, DERM, GENITALIA, HEAD, BACKD & EXTREMETIES, NECK, NEUROLOGICAL.

From the above information and the screening physical exam, in my opinion the above mentioned Athlete is physically able to participate in San Diego Youth Football and Cheer Conference, Inc. activities.

[ ] YES [ ] NO

Is further consultation necessary?

[ ] YES [ ] NO Specialty \_\_\_\_\_

Dr. Office Seal or Stamp Here. If "NONE" Then Attach the Doctor's Business Card Here. (Required)

Physician's Signature:

M.D. Date