

GFL FOOTBALL AND CHEERLEADING  
PHYSICAL EXAMINATION FORM

Name of Association: \_\_\_\_\_ Year 2019

I certify that I examined \_\_\_\_\_ and recommend him/her to be physically able to compete in football contest. The following points were particularly checked and the condition noted as follows:

HEART: Before exercise \_\_\_\_\_  
Immediately after exercise \_\_\_\_\_  
After brief period \_\_\_\_\_  
Blood Pressure \_\_\_\_\_  
Murmurs \_\_\_\_\_

LUNGS: Is there a history of: Chronic cough \_\_\_\_\_  
Other condition \_\_\_\_\_

Weight in its relation to height (according to accepted chart such as B.T. Baldwin and G.D. Wood). Weight \_\_\_\_\_ Height \_\_\_\_\_

GENERAL CONDITION: Excellent \_\_\_\_\_  
Good \_\_\_\_\_  
Fair \_\_\_\_\_  
Below Par \_\_\_\_\_

Date: \_\_\_\_\_ Physician (MD, DO, PA or NP only): \_\_\_\_\_

MEDICAL HISTORY (completed by parent)

PAST HISTORY: (check all that apply)

_____ Poliomyelitis	_____ Asthma
_____ Bone or joint Disease	_____ Heart Disease
_____ Diabetes	_____ Lung Disease
_____ Kidney Disease	_____ Head Injury
_____ Epilepsy or Convulsions	_____ Hearing Disorder
_____ Allergies (explain: _____)	

Tetanus: Booster may be given: Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you wear contact lenses/glasses/hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

AUTHORIZATION

As a parent of \_\_\_\_\_, I give specific permission for the GFL to have emergency medical treatment rendered to my child should my child be injured during the course of any GFL activity and agree that the physicians and/or medical providers who render such treatment do so with my specific authority. I further agree to pay all charges related to any such emergency medical treatment rendered to my minor child and agree to hold harmless and indemnify the GFL, its member associations, coaches and other officials from any and all responsibility for the payment of such medical expenses. I further agree as a parent of a child participating in the GFL to hold harmless and release the GFL, its officers and directors, its member associations, its coaches and officials from any cause of action resulting from my child's participation, my participation or any of my family members' participation in any GFL activity.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or Guardian)