



Canton Lions Football



PARTICIPATION HEALTH SCREENING FORM

Please Note: Practice, conditioning or any physical participation will not be permitted until this signed and completed form is submitted.

Child's

Name: _____

Home Phone: _____

Address: _____

D.O.B: (mm/dd/yy): _____

____ Full Contact Football ____ Cheerleading

HEALTH HISTORY

Check YES or NO for each	YES	NO
Chronic/Recurring Illness		
Hospitalization		
Surgery other than Tonsils		
Currently taking Medication(s)		
Organ Missing		
Heat Exhaustion / Stroke		
Eye Problems		
Wear Glasses/Contacts		
Dental Appliances/Braces/Etc,		
Severe Headaches		
Head/Brain Injury		
Knocked Unconscious		
Birth Defects		
Problems w/BP		
Problems w/Heart		
Problem w/Spleen/Liver		
Hernia		
Recurrent Skin Disease(s)		
Bone/Joint Injury		
Sprain/Dislocation		
Allergies		
Tetnus/Booster in Last 10 Years		
Asthma		

The above information is current and correct to the best of my knowledge.

Parent/Legal Guardian Signature

Date

Physician Signature

Date

Physician's Name:

Address: _____

Phone: _____

PHYSICIAN APPROVAL

Vitals	YES	NO	Evaluations Comments
Height:			
Weight:			
Blood Pressure:			
Eyes			
ENT			
Dental			
Head			
Chest			
Heart			
Abdomen			
Skin			
Back			
Neck			
Allergies			
General			

Physician Comments: _____

Limitations: _____

PARTICIPANT APPROVED:

YES NO

Physician's Office Stamp