

2018 PHYSICAL - NORTHERN GUILFORD YOUTH FOOTBALL

This form is to be filled out completely and filed with the Northern Guilford Youth Football (NGYF) before applicant can participate in any practices, games, etc.

PARTICIPANTS' NAME: _____ Date of Birth (MMDDYY) _____

As parent or legal guardian of Participant, I hereby give my consent for his/her participation in the athletic events listed on this form. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment. I agree to the need for screening medical examination and certify that the medical history is accurate to the best of my knowledge. I also understand this examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam does screen for the common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____
 FAMILY PHYSICIAN _____
 PHONE _____
 INSURANCE _____ POLICY # _____

MEDICAL HISTORY

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

1. Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle), died suddenly before age 50?
Yes **No** Don't Know
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? **Yes** **No** Don't Know
3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? **Yes** **No** Don't Know
4. Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint? **Yes** **No** Don't Know
5. Does the athlete have a history of a concussion (being knocked out)? **Yes** **No** Don't Know
6. Has the athlete ever suffered a heat-related illness (heat stroke)? **Yes** **No** Don't Know
7. Does the athlete have anything he/she wants to talk to the doctor about? **Yes** **No** Don't Know
8. Does the athlete have a chronic illness or see a doctor regularly for any particularly problem? **Yes** **No** Don't Know
9. Does the athlete take any medicine? **Yes** **No** Don't **Know**
10. Is the athlete allergic to any medication or bee stings? **Yes** **No** Don't Know
11. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)? **Yes** **No** Don't Know

Please explain all "Yes" answers — **use the back if necessary.**

MEDICAL EXAMINATION

Height: _____ Weight: _____ Blood Pressure: _____

Normal Abnormal:	Circle One:	Description of Abnormal:
Musculoskeletal Exam	Normal / Abnormal	
Knee	Normal / Abnormal	
Ankle	Normal / Abnormal	
Shoulder	Normal / Abnormal	
Other Joints	Normal / Abnormal	
Alignment Problems	Normal / Abnormal	
Scoliosis	Normal / Abnormal	
Feet	Normal / Abnormal	
Estimate of Strength	Normal / Abnormal	
Estimate of Flexibility	Normal / Abnormal	
Eyes	Normal / Abnormal	
Genitalia (males)	Normal / Abnormal	
Cardiovascular Exam	Normal / Abnormal	
Other Exam (if indicated by history):	Normal / Abnormal	

ASSESSMENT: I certify that I have examined this child and find him/her medically:
 _____ QUALIFIED to participate (no conditions that would prevent this participant from participation)
 _____ NOT QUALIFIED to participate for the following reasons _____

Licensed to practice medicine in North Carolina? **YES NO**
 Printed Name of Doctor: _____ Signature of Doctor: _____

Address: _____ Date: _____