

GFL SPORTS, INC – PHYSICAL EXAMINATION FORM

Name: _____

Date of Birth: _____

Season Year: **2020**

Association: Norcross Youth Athletic Association _____

Sport (circle one): FOOTBALL CHEER

EXAMINATION – TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY

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

Height: _____ Weight: _____ Pulse (at rest): _____ Pulse (after exercise): _____

Blood Pressure (at rest): _____ Vision: R20/ N/A L20/ N/A Corrected Vision: YES N/A NO N/A

	Normal (Please Initial)	Abnormal Findings
Heart		
Lungs		
Skin		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional Movement: squat, duck walk, jump		
Refer to Cardiologist (circle one)?	YES	NO

Name of healthcare professional (print): _____ Phone: _____

Signature of healthcare professional (MD, DO, NP or PA only): _____ Exam Date: _____

HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO PHYSICAL

List past and current medical conditions: _____

Have you ever had any surgery? If yes, list all past surgical procedures: _____

Please list current medications (prescribed and over the counter): _____

Please list any allergies (medications, pollen, food, insects etc.) _____

Do you have an epi-pen? YES _____ NO _____ Initials _____

HEALTH QUESTIONS (Write YES or NO for each question)	YES	NO
Have you ever passed out or nearly passed out during or after exercise?		
Have you ever had a seizure?		
Has any family member or relative died of heart problems unexpected or unexplained before the age of 35?		
Does anyone in your family have any generic heart problems, including implantation of a pacemaker?		
Have you ever had any injury to a bone, muscle, ligament or tendon?		
Do you cough, wheeze or have difficulty breathing with exercise?		
Have you ever had a concussion or head injury diagnosed by a medical professional?		

AUTHORIZATION – TO BE COMPLETED BY PARENT/GUARDIAN

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. 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 treatments 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 each medical expense. 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 results from my child's participation, my participation or any of my family members' participation in any GFL activity.

Date: _____ Signature (of parent of guardian): _____