

# PACIFIC YOUTH FOOTBALL LEAGUE

## PLAYER AND CHEERLEADER PHYSICAL FORM

SEASON: \_\_\_\_\_

CHAPTER: \_\_\_\_\_

### SECTION 1: PHYSICAL DESCRIPTION & CONDITION

PARENT TO COMPLETE THIS SECTION

NAME OF PARTICIPANT: \_\_\_\_\_

HEIGHT: \_\_\_\_ FT. \_\_\_\_ IN.      WEIGHT: \_\_\_\_\_ LBS.      HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

### SECTION 2: HEALTH HISTORY

PARENT TO COMPLETE THIS SECTION

NAME OF PHYSICIAN:	PHONE:
PREFERRED EMERGENCY CENTER:	CITY:
LIST CURRENT MEDICATIONS:	

#### CIRCLE CURRENT PROBLEMS:

ASTHMA	YES	NO
DIABETES	YES	NO
HEAD INJURIES	YES	NO
HEAT STROKE	YES	NO
HEART CONDITION	YES	NO
KIDNEY INJURIES	YES	NO
SHOULDER/HIP INJURIES	YES	NO
OTHER:	YES	NO

### SECTION 3: MEDICAL EXAM

DOCTOR TO COMPLETE THIS SECTION

RECORDED HEIGHT: \_\_\_\_\_  
RECORDED WEIGHT: \_\_\_\_\_  
RECORDED BLOOD PRESSURE: \_\_\_\_\_  
RECORDED TEMPERATURE: \_\_\_\_\_

EARS	HEAD/NECK	HERNIA
EYES	HEART	ADBDOMEN
NOSE	LUNGS	EXTREMITIES
TEETH	SKIN	FEET
		OTHER:

WHILE THIS EXAM DOES NOT CONSTITUTE A COMPLETE MEDICAL EXAMINATION, IT DOES ON THIS DATE, ON MY OBSERVATIONS, MEET THE REQUIREMENTS FOR PARTICIPATION IN THE YOUTH FOOTBALL PROGRAM.

THE INDIVIDUAL EXAMED BY ME ON THIS DATE IS CONSIDERED "NOT" PHYSICALLY QUALIFIED TO PARTICIPATE IN THE YOUTH FOOTBALL PROGRAM FOR THE FOLLOWING REASONS:

EXAMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ STAMP OF OFFICE  
NAME OF FACILITY: \_\_\_\_\_

**DO NOT USE THIS SPACE  
THIS SPACE TO REMAIN BLANK  
FOR PYFL CERTIFICATION**