



## Physical Examination Form

**Football**       **Cheer**

PLEASE COMPLETE THE FOLLOWING:

1. Name of Player: \_\_\_\_\_

2. Please indicate whether your child has any medical conditions of which the League should be aware (e.g. allergies, asthma, medication, etc.):

\_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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### **TO BE COMPLETED BY PHYSICIAN:**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

EARS \_\_\_\_\_ EYES \_\_\_\_\_ NOSE \_\_\_\_\_

HEART \_\_\_\_\_ HEART \_\_\_\_\_ LUNGS \_\_\_\_\_

HERNIA \_\_\_\_\_ ABDOMEN \_\_\_\_\_

\_\_\_\_\_ Player MAY participate.

\_\_\_\_\_ Player IS UNABLE to participate.

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_