



LEAGUE PHYSICAL FORM

Candidate's Name (please print above) Birth Date Age Grade entering Fall 2018

NOTE: This form must be completed clearly and legibly. Please make sure the doctor's office stamps their name and address on the examination form to validate the physical information.

MEDICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Heart _____ Lungs _____

Nose _____ Throat _____ Teeth _____ Abdomen _____ Hernia _____

Skin _____ Extremities _____ Feet _____ Ears _____ Temperature _____

Remarks:

Examined by Dr.

Address: _____ Phone: _____

Cleared to play tackle football: YES _____ NO _____ Date: _____

DOCTOR'S OFFICE STAMP
