



Pacific Coast Youth Football/Cheerleading Conference, Inc.

PHYSICAL EXAM FORM

Revised 02/08/17

This form must be completed and the original copy submitted to the PCC Conference at certification

Association: Buena Park Date of Physical:

Candidate's Name: Age: D.O.B:

Division of Play: Team Name/Mascot: Chargers

MEDICAL HISTORY: (Must be completed by parent prior to examination)

Medical history table with columns for Yes/No for various conditions like Asthma, Allergies, Head injuries, etc.

* The Section Below MUST Be Completed By A Licensed Medical Doctor (MD) or Nurse Practitioner (NP) or Physician Assistant (PA):

Height: Weight: Temp: Blood Pressure: Pulse: Respiration:

Physical exam table with columns for NORMAL and rows for EYES, EARS, NOSE, THROAT, MOUTH AND TEETH, NECK, CARDIOVASCULAR, CHEST AND LUNGS, ABDOMEN, NEUROMUSCULAR, GENITALIA-HERNIA (Male), MUSCULOSKELETAL, ROM, STRENGTH, NECK, SPINE, SHOULDERS, ARMS/HANDS, HIPS, THIGHS, KNEES, ANKLES, FEET.

ABNORMAL FINDINGS If any:

If Cleared to participate check ONE appropriate category of play: (MD, NP, or PA ONLY)

() Flag Football () TACKLE Football () Cheerleading w/ Stunting () Cheerleading w/o Stunting

Restrictions if any:

() NOT CLEARED to Participate in sport () Refer to Family Physician For Clearance

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:) is physically fit and I have found no medical or observable conditions which would contraindicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

DOCTORS NAME (Printed): (MD, NP, or PA)

DOCTORS SIGNATURE: License #:

