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:_____
RECOREDED TEMPURATURE:_____

EARS	HEAD/NECK	HERNIA
EYES	HEART	ADBODMEN
NOSE	LUNGS	EXTREMIITIES
TEETH	SKIN	FEET
		OTHER:

[__] WHILE THIS EXAM DOES NOT CONSTITUTE A COMPLETE MEDICAL EXAMINATION, IT DOES ON THIS DATE, ON MY OBSERVATIONS, MEET THE REQUIRMENTMENTS FOR PARTICIPATEION 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