

PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER AND CHEERLEADER PHYSICAL FORM

SEASON: _____

CHAPTER: _____

Parent Acknowledgment: You agree to abide by the State and County Laws for COVID-19 health and wellness guidelines.

SIGNATURE: _____

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

CIRCLE CURRENT PROBLEMS:

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

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**