

# GOLD COAST YOUTH FOOTBALL LEAGUE

Player/Cheerleader Physical Form      Season: \_\_\_\_\_      Chapter: \_\_\_\_\_

**Section II: Physical description & condition at sign-up**

Participants Name: \_\_\_\_\_

Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.      Weight \_\_\_\_\_ Lbs.

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

**Health History**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Other Caregiver \_\_\_\_\_ Phone # \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Problems	Yes	No
Asthma		
Kidney Injury		
Head Injury		
Shoulder or Hip Injury		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Preferred Emergency Room (Hospital) \_\_\_\_\_

**Medical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_

Ear \_\_\_\_\_ Eyes \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_ Teeth \_\_\_\_\_

Hernia \_\_\_\_\_ Abdomen \_\_\_\_\_ Extremities \_\_\_\_\_ Feet \_\_\_\_\_

Remarks: Please check appropriate block.

( ) While this examination does not constitute a complete medical examination, it does on this date, and based on my observation, meet the requirements for participation in the Youth Football Program.

( ) The individual examined by me on this date is considered "not" physically qualified to participate in this Youth Football Program for the following reasons:

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

**DATE:** \_\_\_\_\_

**Examined By:** \_\_\_\_\_ **Office Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_