

## PHYSICAL EXAMINATION FORM

*ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION*

**ASSOCIATION NAME:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
LAST FIRST MI

**Athlete's Address:** \_\_\_\_\_ **Family Dr.:** \_\_\_\_\_ **Dr.'s Phone:** \_\_\_\_\_

*The above named athlete has my permission to participate in the Inland Empire Youth Football and Cheer Conference, activities and has permission to travel with a representative of the Inland Empire Youth Football and Cheer Conference, and the local Association on any trips. In case of injury a Inland Empire Youth Football and Cheer Conference, representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with the Inland Empire Youth Football and Cheer Conference, and I will not hold the Inland Empire Youth Football and Cheer Conference, the Shadow Hills Youth Football & Cheer Chapter or its representatives responsible for payment as the result of any accident or injury.*

### Medical History (to be completed by parent/guardian)

**R or L Handed:** \_\_\_\_\_ **Allergies to Medication:** \_\_\_\_\_

Has athlete had the following:	Circle one:	Explain "Yes" Answers
1. Injuries to head, neck, bones or joints	Yes No	_____
2. Any other injuries requiring medical attention	Yes No	_____
3. Seizures, blackouts or any episode of unconsciousness	Yes No	_____
4. Heart trouble, heart murmur, high blood pressure	Yes No	_____
5. Hospitalization or operations in the past	Yes No	_____
6. Any Serious Infectious Disease	Yes No	_____
7. Stomach, intestinal, or urinary tract problems	Yes No	_____
8. Is athlete under care of a doctor now	Yes No	_____
9. Is athlete taking any medication on a regular basis	Yes No	_____
10. Any dental problems	Yes No	_____
11. Does the athlete have Asthma	Yes No	_____
12. Any allergies (please list <u>ALL</u> food or medicine)	Yes No	_____

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Physical Examination (to be completed by physician)

**Date of physical:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Blood Pressure:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_

Heart    Ears    Nose    Teeth    Abdomen    Extremities

**Remarks:** \_\_\_\_\_  
 While this examination does not constitute a complete Medical Examination, it does on this date and based on my observation, meet the requirement for participation in this youth football program.

Individual examined by me on this date is considered **NOT** physically qualified to participate in this youth football program for the following reasons: \_\_\_\_\_

Dr. Office Seal Or Stamp Here. If "NONE" Then Attach the Doctor's Business Card Here (Required).

**Physician's Signature:** \_\_\_\_\_ **M.D. Date:** \_\_\_\_\_ **Phone** \_\_\_\_\_



# AMERICAN YOUTH FOOTBALL Medical Clearance Form



ASSOCIATION NAME - \_\_\_\_\_

**Medical Clearance Form - Must be dated after January 1st of the Current Season**

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of \_\_\_\_\_ and am qualified in determining that:

(Childs Name: ) \_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

**Please Print - or - Use Office Stamp Here:**

<p><i>Signature:</i> _____</p> <p><b>Date:</b>        /        /</p> <p><i>( Must be dated after January 1st, of the Current Season )</i></p> <p>_____</p>	<p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p> <p>_____</p>
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**PLEASE NOTE:** If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her State Licensed Medical Examiner to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate 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.

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.