

LHYFC 2019 Physical Examination Form

Name: _____
 First Middle Last

DOB: _____ Age on July 31st: _____ Grade for FALL 2019: _____

Physical Examination

To Physician: Your careful examination and written recommendations will encourage personal fitness and safe participation in strenuous sports activities. Please complete the following physical evaluation and review medical history with player.

Normal	Abnormal *	Normal	Abnormal *
()	Eyes	()	Abdomen
()	Ears	()	Hernia
()	Nose	()	Genitalia
()	Throat	()	Extremities
()	Teeth	()	Spinal (Posture)
()	Lungs	()	Skin
()	Heart	()	Urinalysis
()	Other	()	Bones

Blood Pressure: _____

Weight lbs. _____

Pulse: _____

* If abnormal, please explain: _____

Medical History

Check any of the following illnesses or symptoms that have occurred to the subject player in the past or at the present time:

() Asthma () Fainting () Convulsions () Diabetes () Heart Problems () Headaches

() Medical Reaction: Describe - () Surgery: Describe -

() None of the above:



I certify that I have reviewed the medical history and examined the subject player and find him physically fit to participate in competitive youth sports activities.

Signature: _____ Date: _____

Name: _____

Licensed Medical Provider