



Physician's Medical Consent 2009

Name of Athlete _____ Date of Birth ____/____/____

Address _____ City _____ State _____

Name of Parent/Guardian _____ ☎ Telephone _____

NOTE: Physician consent must be within calendar year of season. If you do not have one, please contact your physician's office immediately to schedule your player's physical!

HEALTH HISTORY

Significant medical history _____

Significant family/social history _____

SCREENINGS

Vision **R** ____/____/____ **L** ____/____/____ Corrected Y/N _____ Hearing **R** ____ **L** ____

Lead _____ Hgb/Hct _____ U/A _____ Other _____

IMMUNIZATIONS *please see attached copy*

PHYSICAL EXAM

Date of Exam _____ Age _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

PPD-Date _____ Result _____ Allergies _____

Normal
Abnormal

- Eyes
- Ears, Nose, Throat
- Mouth, Teeth
- Neck, Glands
- Cardiovascular
- Chest, Lungs
- Abdomen

Normal
Abnormal

- Skin
- Genitalia, Hernia (male)
- Musculoskeletal: ROM, Strength
- Spine
- Upper Extremities
- Lower Extremities
- Neuromuscular

Tanner Stage 1 2 3 4 5

**Portsmouth
Youth
Football**

Comments _____

Football Participation Recommendations _____

P. O. Box 4357
Portsmouth
New Hampshire
03802-4357

Name of Provider _____ Signature _____ Date _____

☎ Telephone _____