

## Seneca Valley Junior Football and Cheer Health & Fitness Evaluation Form

Name of Athlete: \_\_\_\_\_ Season (year) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

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

Street City ZIP

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Regarding the Athlete

1. Has had injuries requiring medical attention within the past year? No Yes  
If Yes, type of injury: \_\_\_\_\_

2. Has had rheumatic fever or heart murmur? No Yes

3. Has been under physician's care for illness or surgery? No Yes  
If Yes, type of injury or surgery: \_\_\_\_\_

4. Had an immediate relative die suddenly before the age of 60? No Yes  
Does the athlete:

Wear Glasses? No Yes

Contacts? No Yes

Take Medication? No Yes

If Yes, what kind? \_\_\_\_\_

Hospital Preference (in case of emergency) \_\_\_\_\_

### To be Completed by Physician

Physician's comments on medical history:

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Maximum Allowable Weight Loss: \_\_\_\_\_

Comments:

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

I certify that I have on this date examined this athlete and find him (her) physically able to participate in Seneca Valley Junior Football Association of Cranberry supervised activities.

Limitations: \_\_\_\_\_  
\_\_\_\_\_

Signature:

\_\_\_\_\_  
Examining Physician Date

**Physicals are valid for one year from the date of the physical.**