



SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

PHYSICAL EXAMINATION FORM

ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION

ASSOCIATION NAME: _____ DIVISION: F TM MM JPW PW JM MID
(PRINT) (CIRCLE ONE)

Athlete's Name _____ Birthdate _____ Phone _____
Last First MI

Address _____ Family _____ Dr.'s _____
Dr. _____ Phone _____

The above named athlete has my permission to participate in San Diego Youth Football and Cheer Conference, Inc. activities and has permission to travel with a representative of San Diego Youth Football and Cheer Conference, Inc. and the local Association on any trips. In case of injury a San Diego Youth Football and Cheer Conference, Inc. representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with San Diego Youth Football and Cheer Conference, Inc., and will not hold San Diego Youth Football and Cheer Conference, Inc., the local Association 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 medications _____

Has athlete had the following:

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. Any serious infectious disease	Yes	No	_____
6. Hospitalization or operations in the past	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	_____

Explain "Yes" Answers

Parent or Legal Guardian Signature _____ Date _____

Physical Examination (to be completed by physician)

DATE OF PHYSICAL: _____

HEIGHT: _____

WEIGHT: _____

BLOOD PRESSURE: _____

PULSE: _____

GENERAL APPEARANCE: _____

DERM: _____

HEAD: _____

NECK: _____

HEART: _____

LUNGS: _____

CHEST (INCLUDING BREASTS): _____

ABDOMEN: _____

GENITALIA: _____

BACK & EXTREMITIES: _____

NEUROLOGICAL: _____

From the above information and the screening physical exam, in my opinion the above mentioned Athlete is physically able to participate in San Diego Youth Football and Cheer Conference, Inc. activities.

YES NO

Is further consultation necessary? Yes No Specialty _____

Physician's Signature _____ M.D. Date _____ Phone _____

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