

Pine-Richland Youth Football and Cheer - 2018 Season

Physical (Health & Fitness Evaluation) Form

All children participating in PRUYFL activities must have a current physical, administered and signed by a **medical doctor** prior to any involvement in any sponsored events.

Please turn in by **July 1st 2018**. **Your child will not be permitted to practice until this form is received.**

Name of Child		
Birth Date		
Names of Parents / Guardians		
Regarding Athlete		
Have any injuries occurred within the past year requiring medical attention? Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Had rheumatic fever or heart murmur?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has been under physician's care for illness or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Wear glasses or contacts?	<input type="checkbox"/> Yes - glasses <input type="checkbox"/> Yes - contacts <input type="checkbox"/> No	
Take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Hospital preference, in case of emergency		
Parent/Guardian Signature and Date		
Physician to complete section below		

Physician comments on medical history			
Height	Weight	Pulse	Blood Pressure
Limitations	<input type="checkbox"/> None <input type="checkbox"/> Explain		

I certify that I have on this date examined this athlete and find him/her physically able to participate in PRUYFL supervised activities.

Examining Physician

Date