



**ASHBURN YOUTH FOOTBALL LEAGUE - PROOF OF PHYSICAL EXAM**

Player Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

September Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Sex: M F

General Health (To be completed by parent or guardian): \_\_\_\_\_

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

In the space provided, please list any allergies, medication, or anything that could hamper physical exertion: \_\_\_\_\_

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

Physician Use (Contact Football Players Must Have This Completed By a Licensed Physician)

COL \_\_\_\_ SEX \_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ NUTRITION \_\_\_\_ SKIN \_\_\_\_ GLANDS \_\_\_\_

EYES r \_\_\_\_ l \_\_\_\_ EARS r \_\_\_\_ l \_\_\_\_ NOSE & THROAT \_\_\_\_ HEART \_\_\_\_ LUNGS \_\_\_\_

DEFORMITIES \_\_\_\_ NERVOUS SYSTEM \_\_\_\_

GENERAL PHYSICAL COMMENTS (Allergies, etc.) \_\_\_\_\_

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

This certifies that I have this day examined the above-named patient and have found him to be of normal development, in reasonable health, and physically fit to play football.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Physician's Printed Name: \_\_\_\_\_

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