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**Physical Form**

All players and cheerleaders are required to have a physical exam and or proof of a physical exam prior to August 1st of the current playing season and within the last 12 months.

This physical form, or a written statement by your Physician stating that the participant is physically fit to practice and play football / cheer must be completely filled out prior to the first practice of the current playing season.

**To be completed by Parent**

Name \_\_\_\_\_ Specify any conditions the coaches should be aware of:

Allergies: \_\_\_\_\_

Drugs or Medicine Taken: \_\_\_\_\_

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

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**To be completed by Physician**

Height: \_\_\_\_\_ Lungs \_\_\_\_\_ Eyes \_\_\_\_\_ Feet \_\_\_\_\_

Weight \_\_\_\_\_ Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Extremities \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Throat \_\_\_\_\_ Hernia \_\_\_\_\_ Ears \_\_\_\_\_

Heart \_\_\_\_\_ Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Urine \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature of Examiner/Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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