

**Fingerlakes Youth Football and Cheerleading League, Inc.**

Physical Form 2009

All players and cheerleaders are required to have a physical exam and/or proof of physical exam prior to August 1<sup>st</sup> 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:**

Child Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

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

Drugs or Medication Taken: \_\_\_\_\_

**To Be Completed By Physician** (Or provide your doctor's script stating at least the minimum below has been performed)

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

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

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

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Examiner/Physician: \_\_\_\_\_ Date of Physical: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_