WEST BEAUMONT BRUINS
TRACK & FIELD YOUTH FOOTBALL CHEERLEADING

Physical Examination Form

PARTICIPANTS NAME: _____

AGE: _____ DATE OF BIRTH: _____

TO PHYSICIAN: Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous sports activities.

PLEASE COMPLETE THE FOLLOWING PHYSICAL EVALUATION AND REVIEW MEDICAL HISTORY WITH PARTICIPANT.

	NORMAL	ABNORMAL
WEIGHT:	_____	_____
EYES, EARS, NOSE, THROAT:	_____	_____
BLOOD PRESSURE:	_____	_____
HEART:	_____	_____
LUNGS:	_____	_____
ABDOMEN:	_____	_____
HERNIA:	_____	_____
EXTREMETIES:	_____	_____
SPINE (POSTURE):	_____	_____

MEDICAL HISTORY

Check any of the following illnesses or symptoms that have occurred to the participant in the past or present time.

_____ ASTHMA _____ FAINTING _____ DIABETES

_____ HEADACHES _____ HEART TROUBLE _____ CONVULSIONS

_____ HEAD INJURIES _____ CONCUSSIONS

MEDICATION ALLERGIES: _____

PARENT SIGNATURE: _____ DATE: _____

I approve this athlete's participation in youth sport for one year. _____ Yes _____ No

SIGNATURE: _____ DATE: _____

PHYSICIAN, NURSE PRACTITIONER, OR RN