



Avon Lake Youth Tackle Football Physical Form

Directions: *Athlete's History should be completed by parents prior to the physical. Health Examination Form must be completed by a licensed physician.*

Athlete History

	Yes	No
1. Has the athlete been hospitalized, had surgery, an injury or serious medical illness in the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete currently under the care of a physician or taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a physician recommended or do you feel there should be limits placed on the athlete's participation in youth sports programs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have any known food or medication allergies? Please list known food and medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
5. Does this athlete wear eyeglasses or contact lenses? If yes, please provide date of the most recent eye exam.	<input type="checkbox"/>	<input type="checkbox"/>
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6. Has this athlete ever lost consciousness or suffered a blackout during physical activity? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
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7. My child will be playing youth tackle football.	<input type="checkbox"/>	<input type="checkbox"/>

I attest that the above answers are true and to the best of my knowledge. _____
Parent Initials

I specifically acknowledge that football is a contact sport involving risk of serious injury.

Parent Signature _____
Parent Name _____
Date

Health Examination

Athlete's Full Name (First MI Last) _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Should there be any limitations placed on this athlete for athletic participation? If yes, please list limitations below.

Are there any abnormal findings, including contagious diseases)? If yes, please list

I certify that I have examined this person and that, on the basis of the examination requested by Avon Lake Youth Football, and the person's medical history, I have found no reason which would make it medically inadvisable for this person to compete in supervised athletic activities. (Note Exceptions above)

Physician's Signature _____
Date

Physician's Name _____
Physician's Street Address

Physician's City, State and Postal Code _____
Physician's Phone Number