# SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

## PHYSICAL EXAMINATION FORM

ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION

ASSOCIATION NAME: Mira Mesa Youth Football and Cheer  DIVISION: F 8U 9U 10U 11U 12U 14U CHEER
(CIRCLE ONE)

Athlete's Name: _____ Birthdate: _____ Phone: _____
(Last Name, First Name, MI)

Address: _____ _____ , CA _____
(city) (zip)

Physician Name: _____ Physician Phone: _____

The above named athlete has my permission to participate in San Diego Youth Football and Cheer Conference, Inc. activities and has permission to travel with a representative of San Diego Youth Football and Cheer Conference, Inc. and the local Association on any trips. In case of injury a San Diego Youth Football and Cheer Conference, Inc. representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with San Diego Youth Football and Cheer Conference, Inc., and will not hold San Diego Youth Football and Cheer Conference, Inc., the local Association or its representatives responsible for payment as the result of any accident or injury.

### Medical History (to be completed by parent/guardian)

R or L Handed _____ Allergies to medications _____

| Has athlete had the following: | (ALL boxes must be checked) | Explain "Yes" Answers |
|---|---|---|
| 1. Injuries to head, neck, bones or joints | ☐ YES ☐ NO | |
| 2. Any other injuries requiring medical attention | ☐ YES ☐ NO | |
| 3. Seizures, blackouts or any episode of unconsciousness | ☐ YES ☐ NO | |
| 4. Heart trouble, heart murmur, high blood pressure | ☐ YES ☐ NO | |
| 5. Any serious infectious disease | ☐ YES ☐ NO | |
| 6. Hospitalization or operations in the past | ☐ YES ☐ NO | |
| 7. Stomach, intestinal, or urinary tract problems | ☐ YES ☐ NO | |
| 8. Is athlete under care of a doctor now | ☐ YES ☐ NO | |
| 9. Is athlete taking any medication on a regular basis | ☐ YES ☐ NO | |
| 10. Any dental problems | ☐ YES ☐ NO | |

Parent or Legal Guardian Signature _____ Date _____

### Physical Examination (to be completed by physician)

DATE OF PHYSICAL: _____

| Physical Exam | | | | | |
|---|---|---|---|---|---|
| HEIGHT: | | WEIGHT: | | HEART: | |
| BLOOD PRESSURE: | | | | LUNGS: | |
| PULSE: | | | | CHEST (including Breasts): | |
| GENERAL APPEARANCE: | | | | ABDOMEN: | |
| DERM: | | | | GENETALIA: | |
| HEAD | | | | BACKD & EXTREMETIES: | |
| NECK | | | | NEUROLOGICAL: | |

From the above information and the screening physical exam, in my opinion the above mentioned Athlete is physically able to participate in San Diego Youth Football and Cheer Conference, Inc. activities.

☐ YES ☐ NO

Is further consultation necessary?

☐ YES ☐ NO Specialty _____

**Dr. Office Seal or Stamp Here. If "NONE" Then Attach the Doctor's Business Card Here. (Required)**

Physician's Signature: _____ M.D. Date _____