



Tackle Football Physical Form

Name _____ Age _____ Date _____

Medications _____ Allergies _____

Health History (To be completed by parent or guardian; answer Yes or No only)

Medical Questions for Parents		YES	NO
1	Family history of sudden death before age 50?		
2	Dizziness/fainting/chest pain with exercise?		
3	Heart murmur/heart condition?		
4	High Blood Pressure?		
5	Bone or joint injury (especially back or hips)?		
6	Sprain/dislocation?		
7	Serious head or spine trauma/repeated concussions/surgery on head or back?		
8	Detached retina?		
9	Known current illness/infection?		
10	Uncontrolled asthma?		
11	Uncontrolled seizures?		
12	Recurrent skin disorders (boils, impetigo)?		
13	Loss or serious impairment of a paired organ (kidney, eye, lung, testes)?		
14	Known liver/spleen/kidney enlargement/mononucleosis/hepatitis?		

Parent Signature: _____ Date: _____

Physical Exam (To be completed by physician)

Blood Pressure		Dentition	
Lungs		Heart	
Murmur?		Change with Valsalva?	
Abdomen - Organ Enlargement?		Testes	
Musculoskeletal		Skin	

Sports Participation Approved YES NO

Signature of Physician: _____ **Date:** _____

Note: This form is provided for the convenience of the participants in the Great Valley Junior Patriots program. If the participant's Physician has a form they would prefer to use, the Great Valley Junior Patriots will accept that form as proof of fitness to participate in the program.