

2017 Otero County Youth Football League
Athletic Physical Examination Form
This form is to be filled out by the athlete's parent or legal guardian only!

Parent or Legal Guardian Information.

_____, _____
Last name First name

_____, _____
Home address Cellular number

Athlete Information

_____, _____
Last name First name

Age _____ Date of Birth _____ Sex _____ Grade _____ School _____.

Please do not leave any questions blank.

1. Does athlete have any ongoing medical conditions? Y___N___
2. Has athlete now or ever suffered from any heart condition? Y___N___
3. Has athlete recently had any significant surgery Y___N___
4. Does athlete suffer from allergies? Y___N___
5. Does athlete suffer from asthma? Y___N___
6. Has athlete ever experienced from a head concussion? Y___N___ If yes date of occurrence?
7. Has athlete ever passed out, or experienced dizziness after or during exercise? Y___N___
8. Has athlete ever experienced chest pain or discomfort during exercise? Y___N___
9. Does athlete have any medical conditions that would prevent participation in sports? Y___N___
10. Has athlete ever been denied participation from a physician in any sport? Y___N___
11. Has athlete ever experienced any broken bones or fractures? Y___N___
12. Please list all medical conditions that run in your immediate family.

13. Have you ever had any broken or fractured bones? Y___N___ if yes please explain

14. Has athlete ever had any torn ligaments or muscles? Y___N___
15. Has athlete ever had experienced any neck or back injury? Y___N___
16. Has athlete ever experienced any viral infection? Y___N___
17. Does athlete require any protective or correction equipment during training or games? Y___N___
18. Has athlete had any illnesses or injuries prior to the current physical evaluation? Y___N___
19. Has athlete ever been hospitalized overnight? Y___N___
20. Is athlete current on all immunizations (shots)? Y___N___
21. Do you have any skin problems? Y___N___
22. Does athlete suffer from epilepsy that results in seizures? Y___N___
23. Have you ever has numbness or tingling in your hands, feet, arms, or Feet? Y___N___
24. Have you ever experienced muscle cramps or illness while exercising in the heart? Y___N___
25. Does athlete wear glasses, or have any vision impairments? Y___N___
26. Is there any concerns with athlete's weight or height? Y___N___

I hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature o parent/guardian _____ Date _____

Physicians Use Only!

Physicians Name _____

Physicians Address _____ .physician number _____

Athletes Weight _____ Athlete Height _____

Athletes Blood pressure _____ Athletes Vision _____ Athlete Pulse _____

Athlete _____, has been / Approved _____ Denied for Tackle Football

Physician Signature _____ Date _____