

**2018 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 _____