

**Otero County Youth Football League
Athletic Physical Examination Form**

Athlete Information

Last Name: _____ First Name: _____

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

Parent/Legal Guardian Information

Last Name: _____ First Name: _____

Address: _____ Phone _____

Please do not leave any questions blank

1. Does the 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___
List: _____
5. Does athlete suffer from asthma? Y___N___
List Medications: _____
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 the 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___
If yes please explain: _____
12. Please list all medical conditions that run in your immediate family. _____
13. Has athlete ever had any torn ligaments or muscles? Y___N___
14. Has athlete ever had experienced any neck or back injury? Y___N___
15. Has athlete ever experienced any viral infection? Y___N___
16. Does athlete require any protective or correction equipment during training or games? Y___N___
17. Has athlete had any illnesses or injuries prior to the current physical evaluation? Y___N___
18. Has athlete ever been hospitalized overnight? Y___N___
19. Is athlete current on all immunizations (shots)? Y___N___
20. Does the athlete have any skin problems? Y___N___
21. Does athlete suffer from epilepsy? Y___N___
22. Has athlete ever had numbness or tingling in your hands, feet, arms, or Feet? Y___N___
23. Has athlete ever experienced muscle cramps or illness while exercising in the heart? Y___N___
24. Does athlete wear glasses, or have any vision impairments? Y___N___
25. Are there any concerns with athlete's weight or height? Y___N___

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

Signature of parent/guardian _____ Date _____

Physicians Use Only!

Physicians Name _____

Physicians Address _____ Physician number _____

Weight _____ Height _____ Blood pressure _____ Pulse _____

Athlete _____ has been Approved ___ Denied ___ for Tackle Football

Physician Signature _____ Date _____