

**2019 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 \_\_\_\_\_