

Heartland Youth Football League

Physical Form

Name _____ Grade in Fall _____

Date of Physical ____/____/____ Participates in (circle one): Football Cheerleading

Height _____ Weight _____ lbs. Pulse _____ BP _____/_____

Physical Findings:

EXAMINATION	NORMAL	ABNORMAL	COMMENTS
HEAD			
EYES			
NOSE			
THROAT			
EARS			
NECK			
LUNGS			
HEART			
ABDOMEN			
G-U			
SKIN			
CHEST CONTOUR			
SPINE			
NEUROLOGICAL			
MATURATION			
FLEXIBILITY			
EXTREMITIES			

Concussion History: Previous # of Concussions: _____

Dr's Comments: _____

Physician's Statement:

In my opinion, the above named:

1. **May** _____ **May Not** _____ participate in the Heartland Youth Football and Cheerleading League for the _____ season.

(Or)

2. May participate in the Heartland Youth Football League for the _____ season with the following limitations or restrictions:

Disapproval reason and comments: _____

Physician's Signature

Date