SOUTHERN CALIFORNIA EAST/WEST YOUTH FOOTBALL CONFERENCE

PHYSICAL FORM

SECTION I: CHAPTER INFORMATION | *TO BE COMPLETED BY CHAPTER OFFICIALS*

CHAPTER _____ TEAM CITY _____

DIVISION:	6U	8U	10U	12U	14U	CHEERLEADING

SECTION II: PLAYER INFORMATION | *TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS*

FIRST NAME	MIDDLE NAME	LAST NAME	AGE OF JULY 31

NAME ON POLICY	PRIMARY MEDICAL INSURANCE COMPANY	POLICY NUMBER

SECTION III: PARTICIPANT MEDICAL HISTORY | *TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS*

1. Are there any injuries requiring medical attention? Yes / No
2. Are there any past surgeries or scheduled surgeries? Yes/ No
3. Is the participant currently under medical care? Yes/ No
4. Is the participant currently taking any medications? Yes/ No
5. Does the participant have any allergies? Yes/ No
6. Does the participant have asthma? Yes/ No
   require the use of an inhaler? Yes/ No
7. Is the participant diabetic/require medication for diabetes? Yes/ No
8. Does the participant currently require medication? Yes/ No
9. Does/has the participant have/had seizures? Yes/ No
10. Does the participant wear glasses or contact lenses? Yes/ No
11. Does the participant wear a brace or medical device? Yes /No
12. Does the participant have physical limitations/conditions? Yes/ No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

_____

_____

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

RELATIONSHIP TO MINOR: FATHER ☐ MOTHER ☐ LEGAL GUARDIAN ☐

SECTION IV: MEDICAL EXAMINATION | *TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL*

Height_____ Weight _____ Blood Pressure _____

☐ Heart ☐ Ears ☐ Nose ☐ Teeth ☐ Abdomen ☐Extremities ☐ Hernia

( ) While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirement for participation in this youth football program.

( ) Individual examined by me this date is considered not physically qualified to participate in this youth football program for the following

Reasons: _ _____

RESERVED FOR DOCTORS STAMP

Examining Dr. _____ Office Phone _____ Date _____