

PROOF OF PHYSICAL EXAM

Player Information

Last Name: _____ First: _____ Birth Date: _____

Address: _____

September Grade: _____ Home Phone: _____ Sex: M F

General Health (To be completed by parent or guardian)

In the space provided, please list any allergies, medication, or anything that could hamper physical exertion:

Physician Use (Contact Football Players Must Have This Completed By a Licensed Physician)

COL ____ SEX ____ HEIGHT ____ WEIGHT ____ NUTRITION ____
SKIN ____ GLANDS ____ EYES r ____ l ____ EARS r ____ l ____ NOSE & THROAT ____
HEART ____ LUNGS ____ DEFORMITIES ____ NERVOUS SYSTEM ____

GENERAL PHYSICAL COMMENTS (Allergies, etc.)

This certifies that I have this day examined the above-named patient and have found him to be of normal development, in reasonable health, and physically fit to play football.

Signed: _____ Date: _____

Physician's Printed Name: _____

Address: _____