

Haverford Youth Football/Cheerleading Sports Physical Examination Form

Name _____ Age _____ Date _____

Medicines _____ Allergies _____

Health History (To be completed by parent or guardian; answer Yes or No only)

Medical Questions for Parents	YES	NO
1. Family history of sudden death before age 50?		
2. Dizziness/fainting/chest pain with exercise?		
3. Heart murmur/heart condition?		
4. High Blood Pressure?		
5. Bone or joint injury (especially back or hips)?		
6. Sprain/dislocation?		
7. Serious head or spine trauma/repeated concussions/surgery on head or back?		
8. Detached retina?		
9. Known current illness/infection?		
10. Uncontrolled asthma?		
11. Uncontrolled seizures?		
12. Recurrent skin disorders (boils, impetigo)?		
13. Loss or serious impairment of a paired organ (kidney, eye, lung, testes)?		
14. Known liver/spleen/kidney enlargement/mononucleosis/hepatitis?		

Signature of Parent

Date

Physical Exam (To be completed by physician)

Blood Pressure		Dentition	
Lungs		Heart	
Murmur?		Change with Valsalva?	
Abdomen - Organ Enlargement?		Testes	
Musculoskeletal		Skin	

Sports Participation Approved

YES NO

Signature of Physician

Date

Note: This form is provided for the convenience of the participants in the Haverford Youth Football/Cheerleading programs. If the participant's Physician has a form they would prefer to use, the Haverford Youth Football will accept that form as proof of fitness to participate in the program.