CTYFL Sports Physical Form

Name: _____ Gender: M F Date of Birth: ___/___/___

Father's/Guardian's Name: _____ Contact Number: _____

Mother's/Guardian's Name: _____ Contact Number: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Home Phone: _____

Alternate Emergency Contact: _____ Daytime Phone: _____

MEDICAL ALERTS (Allergic Reactions, Contact Lenses, etc.): _____

Medical History:

Parents - This health record is a critical element in the determination of an athlete's risk of injury in sports. Please read and answer all the questions before seeing a physician for the athlete's physical examination.

	YES	NO	Don't Know
1) Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	☐	☐	☐
2) Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	☐	☐	☐
3) Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?	☐	☐	☐
4) Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	☐	☐	☐
5) Does the athlete have a history of concussion or head injury?	☐	☐	☐
6) Has the athlete ever suffered a heat-related illness (heat exhaustion/heat stroke)?	☐	☐	☐
7) Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	☐	☐	☐
8) Does the athlete take any medication(s)?	☐	☐	☐
9) Is the athlete allergic to any medications or bee stings?	☐	☐	☐
10) Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries)	☐	☐	☐
11) Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition?	☐	☐	☐
12) Has the athlete had surgery or been hospitalized in the past year?	☐	☐	☐
13) Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	☐	☐	☐
14) Are you, the athlete, worried about any problem or condition at this time?	☐	☐	☐

Please give details on any "YES" answer from the above health history:

_____

_____

_____

_____

_____

_____

CTYFL Sports Physical Form

PHYSICAL EXAMINATION FORM

Height: _____ **Vision:** Right Left

Weight: _____ Uncorrected: _____/_____ _____/_____

Pulse: _____ Corrested: _____/_____ _____/_____

Blood Pressure: _____

	Normal	Abnormal Findings	Initials
1) Eyes			
2) Ears, Nose, Throat			
3) Mouth & Teeth			
4) Neck			
5) Cardiovascular			
6) Chest & Lungs			
7) Abdomen			
8) Skin			
9) Genitalia / Hernia (Male)			
10) Musculoskeletal			
a) Neck			
b) Spine			
c) Shoulders			
d) Arms/Hands			
e) Hips			
f) Thighs			
g) Knees			
h) Ankles			
i) Feet			
11) Neuromuscular			

Please Print / Stamp ***- This Form must be signed by a licensed physician, physician's assistant or nurse practioner.***

Examiner's Name _____

Street Address _____

City, State, Zip _____ Telephone _____

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner.
(Doctor of Chiropractic Medicine is not satisfactory.)

Examiner's Signature _____ Date _____

Participation Restrictions: _____

_____

_____