

# *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:

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## Physician's Signature

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Date