

**Seneca Valley Junior Football Association of Cranberry
Health & Fitness Evaluation Form**

Name of Athlete: _____ Season (year): _____

Birth date: _____ Age: _____ Grade in Fall: _____

Address: _____
Street City ZIP

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Regarding the Athlete

1. Has had injuries requiring medical attention within the past year? No _____ Yes _____

If Yes, type of injury: _____

2. Has had rheumatic fever or heart murmur? No _____ Yes _____

3. Has been under physician's care for illness or surgery? No _____ Yes _____

If Yes, type of injury or surgery: _____

4. Had an immediate relative die suddenly before the age of 60? No _____ Yes _____

Does the athlete:

Wear Glasses? No _____ Yes _____ Contacts? No _____ Yes _____

Take Medication? No _____ Yes _____ If yes, what kind? _____

Hospital Preference (in case of emergency) _____

To be Completed by Physician

Physician's comments on medical history: _____

Ht: _____ Wt: _____ Pulse: _____ BP: _____

Maximum Allowable Weight Loss: _____

Comments: _____

I certify that I have on this date examined this athlete and find him (her) physically able to participate in Seneca Valley Junior Football Association of Cranberry supervised activities.

Limitations: _____

Signature: _____

Examining Physician

Date

Physicals are valid for one year from the date of the physical.