

# **PROOF OF PHYSICAL EXAM**

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## **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:

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## **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.)*

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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: \_\_\_\_\_