

PHYSICAL FORM

River Edge Athletic Council
Oradell Athletic Council

Name _____ Phone _____

Address _____ D.O.B _____

Age _____ Physician/Group Name: _____

Phys./Group Address _____

Phys./Group Phone: _____

I have examined the above named child and found him/her physically fit to participate in a full contact football program.

Signed _____ Date _____

To the Physician:

It is suggested that the examining physician pay particular attention to:

- | | | | | |
|-----------|------------|------------------------|----------|-------------------|
| 1. Weight | 2. Height | 3. Vision | 4. Heart | 5. Blood pressure |
| 6. Lungs | 7. Hernias | 8. Breathing disorders | | |

Special notes or concerns: _____

Allergies and/or medication: : _____