

RED LAND MIDGET FOOTBALL PHYSICAL

Player's Name _____
Age _____ Squad _____

Are you currently under a physician's care for an illness or injury? YES NO
If yes, please describe _____

Are you currently taking any medications? YES NO
If yes, please list medication(s) _____

Please list any allergies (including bee stings) _____

Date of last tetanus shot _____

Have you ever had an injury to any of the following:

	YES	NO
Neck/Shoulder	_____	_____
Elbow	_____	_____
Hand/Wrist	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle/Foot	_____	_____

Do you suffer from asthma? YES NO
If yes, do you use an inhaler? YES NO

Family Physician _____
Physician's Address _____
Physician's Phone # _____
Preferred Hospital _____
Type of medical insurance _____ Policy # _____

Person to contact in case of an emergency / Name / Address / Phone number / Relationship to player

I hereby give my consent for the Red Land Midget Football Association staff to use their judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Signature of Parent/Guardian _____ Date _____

TO THE PHYSICIAN

Based upon the completion of the physical exam, I recommend the following:

_____ No athletic participation
_____ Limited participation
_____ Full/Unlimited participation _____ Clearance withheld until _____

Examining Physician's Signature _____ Date _____