



PHYSICAL EXAMINATION FORM

PLEASE RETURN COMPLETED HEALTH EXAMINATION FORM TO FALCON FOOTBALL BOOSTERS

Player Name: _____

Date of Birth: _____ Upcoming Grade in Fall: _____

TO BE COMPLETED BY PHYSICIAN

DATE OF EXAM: _____

PHYSICAL

Height: _____ Weight: _____ B/P: _____ / _____ Pulse: _____

Eyes: R - 20/ _____ L - 20/ _____ Hearing: _____

Scoliosis screening: _____

Review of System: _____

Note any problems: _____

ORTHOPEDIC EXAM (for PE/sports participation)

Back/Neck/Shoulders/Extremities: _____ WNL _____

If not, please explain: _____

Recommendation for PE/Sports: Full Limited None

Clearance withheld until: _____

If limitations, please explain: _____

SIGNATURE OF EXAMINER: _____

Name (please print): _____

Address: _____

Phone: _____

HISTORY

Asthma: No Yes

ADHD: No Yes

Chronic Condition/Major Surgeries: (list, give date)

Allergies (list):

Medications (list):

ORTHOPEDIC HISTORY (for sports participation)

Previous Injury Date: _____

Explain: _____

Signature of Parent: _____ Date: _____