LRYFC Physical Examination Form

Name: _____
First Middle Last

DOB: _____ Age on July 27th_____ Grade for **FALL 2026:**_____

Physical Examination

To Physician: Your careful examination and written recommendations will encourage personal fitness and safe participation in strenuous sports activities. Please complete the following physical evaluation and review medical history with the player.

Normal		Abnormal *	Normal		Abnormal *
( )	Eyes	( )	( )	Abdomen	( )
( )	Ears	( )	( )	Hernia	( )
( )	Nose	( )	( )	Genitalia	( )
( )	Throat	( )	( )	Extremities	( )
( )	Teeth	( )	( )	Spinal (Posture)	( )
( )	Lungs	( )	( )	Skin	( )
( )	Heart	( )	( )	Bones	( )

Blood Pressure: _____ Weight: _____lbs Pulse: _____

* If abnormal, please explain: _____

_____

Medical History

Check any of the following illnesses of symptoms that have occurred to the subject player in the past or at the present time:

( ) Asthma ( ) Fainting ( ) Convulsions ( ) Diabetes ( ) Heart Problems ( ) Headaches

( ) Medical Reaction: Describe - ( ) Surgery: Describe -

( ) None of the above

I certify that I have reviewed the medical history and examined the subject player and find him physically fit to participate in competitive youth sports activities.

Signature: _____ Date: _____

Name: _____
Licensed Medical Provider