Metro Atlanta Youth Football League

This Physical Evaluation Form expires one calendar year from date of examination. A copy of the birth certificate must be attached to this form. Please print.

Child's Name: _____
First Middle Last

Birthdate: _____ Grade: _____ School: _____

Address: _____
Street City Zip Code

In case of an emergency, please contact _____ *Telephone:* _____

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, _____ may compete in recreational youth sports. I understand that this evaluation is only to determine fitness for recreational youth sports and is not to replace of a regular medical examination. In case of an emergency or accident during the recreational activity, I hereby grant permission to the Association to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary.

Signature of Parent/Guardian: _____

TO BE FILLED OUT BY THE PARENT/GUARDIAN

lease answer the following questions, explain any YES answers.

YES NO Has the child been hospitalized? _____
YES NO Does the child have any chronic illness? _____
YES NO Has the child had surgery? _____
YES NO Has the child ever passed out during any activity? _____
YES NO Has the child ever had a bone or join disorder, fracture, broken bones?
_____
YES NO Does your child have allergic reaction to medications?
YES NO Does the child have any other allergies?
YES NO Is the child taking medication regularly? _____

TO BE FILLED OUT BY THE PHYSICAN ONLY

Age: _____ Weight_____ Height _____ Pulse: _____

Blood Pressure: _____ Vision R20 _____ L20 _____

	Normal	Abnormal		Normal	Abnormal
Neck	_____	_____	Abdomen	_____	_____
Heart	_____	_____	Spine	_____	_____
Lungs	_____	_____	Joints	_____	_____
Hernia	_____	_____			

On the basis of the above examination, together with the medical history furnished to me by the child's parent or guardian, I have found no indications of physical or medical reasons which would make it inadvisable for the above named child to engage in supervised recreational athletic activities, except as indicated above.

Physician's Name, Address and Phone number (print and stamp)

Physician's Signature _____Date of Examination: _____