



**CENTRAL ARIZONA
YOUTH FOOTBALL and CHEER LEAGUE
PARTICIPANT PHYSICAL FORM**



Child's Name: _____ Date of Birth: _____
 (Last Name) (First Name) (Initial)

VITALS: Height: _____ Weight: _____ Sex: M / F
 Blood Pressure: _____ Respiration: _____ Pulse: _____ Temp: _____

SYSTEMS REVIEW: Heart: _____
 Ears: _____ Lungs: _____
 Nose: _____ Abdomen: _____
 Throat: _____ Eyes: _____
 Spine/Neck: _____ Upper Extremity: _____
 Lower Extremity: _____ Other: _____

HISTORY:

Operations: _____
 Nature Year Nature Year

Fractures: _____
 Nature Year Nature Year

Sprains/Dislocations: _____
 Nature Year Nature Year

Allergies: _____ Current Medications: _____

I hereby certify that I have, on this date, examined the above participant, and I have found no medical reason to disqualify him/her from participating in all supervised athletics and physical education activities, with the exception of: _____

Doctor Name (Printed): _____

Doctor Signature: _____

Date: _____

**DOCTOR STAMP
(Required)**