

PARTICIPATION PHYSICAL EVALUATION REPORT

PHYSICAL EXAMINATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ % OF BODY FAT (OPTIONAL) \_\_\_\_\_ PULSE \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_

VISION R20/\_\_\_\_\_ CORRECTED? Y N PUPILS: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

	NORMAL	ABNORMAL	INITIALS
<b>MEDICAL</b>			
APPEARANCE			
EYES/EARS/NOSE THROAT			
LYMPH NODES			
HEART			
PULSES			
LUNGS			
ABDOMEN			
GENITALIA (MALES ONLY)			
SKIN			
MUSCULOSKELETAL			
NECK			
BACK			
SHOULDER/ARM			
ELBOW/FOREARM			
WRIST/HAND			
HIP/THIGH			
KNEE			
LEG/ANKLE			
FOOT			

CLEARANCE:

\_\_\_ CLEARED

\_\_\_ CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR: \_\_\_\_\_

\_\_\_ NOT CLEARED FOR: \_\_\_\_\_ REASON: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_, MD or DO

**MUST BE COMPLETED BY PHYSICIAN BEFORE YOUR CHILD  
MAY PARTICIPATE IN PRACTICES OR GAMES!**

Medical Treatment Form

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARTICIPANTS PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

INSURANCE CO NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

ANY HEALTH/PHYSICAL DISADVANTAGES: \_\_\_\_\_

ALLERGIES: (DRUGS,FOOD,AIRBORNE): \_\_\_\_\_

MEDICATIONS: (NAMES AND DOSES) \_\_\_\_\_

\_\_\_\_\_

LIST ANY SURGERIES OR HOSPITALIZATIONS: \_\_\_\_\_

\_\_\_\_\_

**HOSPITAL TREATMENT AUTHORIZATION**

I, THE UNDERSIGNED, BEING THE PARENT OR LEGAL GUARDIAN, HEREBY DESIGNATE GETTYSBURG MIDGET FOOTBALL, COACHES, AND/OR DESIGNEE, TO AUTHORIZE ANY NECESSARY MEDICAL AND/OR SURGICAL TREATMENT NEEDED FOR THE ABOVE NAME CHILD IN MY ABSENCE.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**\*\*THIS MUST BE SIGNED FOR YOUR CHILD TO PARTICIPATE\*\***