BRYAN YOUTH FOOTBALL ASSOCITION

Physical Examination: This report must be completed by a qualified Physician

Participant Name ____

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

Normal			**Abnormal**	**Explanation If Abnormal**
[ ]	Weight	__________lbs.	[ ]	______________________________
[ ]	Eyes		[ ]	______________________________
[ ]	Vision		[ ]	______________________________
[ ]	Ears		[ ]	______________________________
[ ]	Nose		[ ]	______________________________
[ ]	Throat		[ ]	______________________________
[ ]	Lungs		[ ]	______________________________
[ ]	Heart		[ ]	______________________________
[ ]	Blood Pressure	____________	[ ]	______________________________
[ ]	Extremities		[ ]	______________________________

MEDICAL HISTORY

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

[ ] Asthma
[ ] Diabetes
[ ] Headaches
[ ] Medication Allergies/Reactions (describe) ______________________________
[ ] Surgery (describe) ______________________________
[ ] None of the above
[ ] Fainting
[ ] Heart Problem
[ ] Convulsions

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

Signature: ____ Date:_______________________________

Licensed Practitioner

PARENTAL/GUARDIAN MEDICAL TREATMENT AUTHORIZATION

In the event of injury or illness to my/our child,____, I/We hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances:

Parent/Guardian Signature:____ Date:_______________________