GWINNETT FOOTBALL LEAGUE
PHYSICAL EXAMINATION FORM

Name of Association: _____ Year 2009

I certify that I examined _____and recommend him to be physically able to compete in football contest. The following points were particularly checked and the condition noted as follows:

HEART: Before exercise _____
Immediately after exercise _____
After brief period _____
Blood Pressure _____
Murmurs _____

LUNGS: Is there a history of: Chronic cough _____
Other condition _____

Weight in its relation to height (according to accepted chart such as B.T. Baldwin and G.D. Wood). Weight _____Height_____

GENERAL CONDITION: Excellent _____
Good _____
Fair _____
Below Par _____

Date: _____Physician (MD, DO or PA only):_____

MEDICAL HISTORY (completed by parent)

PAST HISTORY: (check all that apply)

_____ Poliomyelitis
_____ Bone or joint Disease
_____ Diabetes
_____ Kidney Disease
_____ Epilepsy or Convulsions
_____ Allergies (explain:_____)
_____ Asthma
_____ Heart Disease
_____ Lung Disease
_____ Head Injury
_____ Hearing Disorder

Tetanus: Booster may be given: Yes_____No____
Do you wear contact lenses/glasses/hearing aid? Yes_____No____ Explain:_____

AUTHORIZATION

In case of an emergency or accident during any GFL activity involving my child _____ which in the opinion of GFL authorities present requires immediate medical or surgical attention, I hereby grant permission to said GFL authorities to obtain the service of a physician or to transport said child to the hospital if it is deemed necessary by GFL authorities. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise.

Date: _____ Signature: _____
(Parent or Guardian)