

Middletown Colts Youth Football & Cheer

PHYSICAL EXAMINATION FORM

Football Player Cheerleader

Name: _____ Age: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Are you currently on any medications? YES NO

If YES, please list medications: _____

Please list any medical conditions (allergies, asthma, etc.) of which the physician and head coach should be aware of:

TO BE COMPLETED BY PHYSICIAN					
Height		Ears		Cardiovascular	
Weight		Nose		Abdomen	
Temperature		Throat		Extremities	
Blood Pressure		Teeth		Feet	
Pulse		Lungs		Musculoskeletal	

Medical Findings:

In my opinion, as of this date, the applicant is capable of participating in the current* season of the Middletown Colts Youth Football and Cheer program.

Date

Physician's Signature

Physician/Office Stamp:

*The current season is considered the season that corresponds with the year date of the physician's signature.