



Arkansas City Youth Football Physical Form
Not for middle school or high school athletics

Parent / Guardian Name: _____ Phone: _____

Address: _____ Email: _____

Athlete History (To be completed by parent / guardian on behalf of student athlete)

Student Name: _____ Date of Birth: _____

School _____ City: _____

Male / Female _____ Grade in School _____

Please answer the following questions:	YES	NO
Have any members of your family under age 50 had a heart attack or heart problems?		
Have you ever been told you have a heart murmur, high blood pressure, extra heart beats or heart abnormality?		
Do you ever have to stop while running ½ mile because of shortness of breath or severe chest pain?		
Are you taking any medications?		
Have you passed out or been knocked unconscious?		
Have you had any illness or injury that required emergency medical or surgical attention or lasted longer than one week?		
Have you had any illness or injury that caused you to miss practices or games?		
Have you had any illness or injury that was related to insect sting, medication or food?		

These answers are correct to the best of my knowledge: _____
 Parent / Guardian Signature

Athlete Physical Examination (Items to be completed by Physician)

Height:	Weight:	Age:	Chest / Heart:	PMI	Rhythm
				Murmurs	Lungs
Blood Pressure:	Pulse:		Lymphatic:		
Hearing (passed screening) yes no date			Abdomen:		
Vision L20/ R20/ with RX without RX date			Genitalia Hernia:		
Diphtheria / tetanus immunization recent date:			Maturation Index: (Tanner Stage)		
Please check / comment if abnormal			Orthopedic:	Cervical	Back
Skin:	Mouth / Dental:		Shoulders	Arm	Elbow
Eyes:	Pupil size: equal unequal		Hip	Knee	Ankle
Comments:			Comments:		

Disposition: Full participation _____ Further evaluation (comments) _____

Limited participation (comments) _____

NO Participation (comments) _____

I certify I am qualified to perform examination: Physician's Signature

Date physical performed

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