WILLINGBORO PANTHERS FOOTBALL ASSOCIATION

Football and Cheerleading
PHYSICAL FORM - 2015

Today' Date: ________________

Child's Name: _______________________ Age: ___________ D.O.B:______________

MEDICAL HISTORY:

	Yes	No		Yes	No		Yes	No
Asthma	□	□	Serious Illness	□	□	Kidney diseases/infections	□	□
Allergies	□	□	Repeated bon or joint injuries	□	□	Seizure	□	□
Glasses/Contacts	□	□	Bleeding tendencies	□	□	Diabetes	□	□
Fractures within past year	□	□	Sickle Cell Tendency	□	□			
Dental braces or bridges	□	□	Surgery within past year	□	□	Tetanus (shot date)________________		
Head injuries within past year	□	□	History of heart murmur	□	□			

Current Medication_____________________

Remarks_______________________

VITALS:

Blood Pressure____________ Respiration____________ Weight________________

Height___________________ Pulse_________________ Temperature____________

SYSTEMS REVIEW:

Heart ____________________ Ears ________________________

Lungs ____________________ Nose ________________________

Abdomen ____________________ Throat ________________________

Eyes ____________________

HERNIA:

Umbilical/Inguinal: ____

POSTURE/RANGE OF MOTION:

Cervical Thoraco/Lumbar: ____

Extremities Upper: ______________________________ Lower: _____________________________________

Doctor's Name: ____

Address: ____

City: ______________________ State:_________ Zip:_______________

Doctor's Signature: __________________________________