

TRUCKEE YOUTH FOOTBALL AND CHEER
PO BOX 8778
TRUCKEE, CA 96162
530.386.6829
www.TruckeeYouthFootballandCheer.com



2010 Sports Physical Form

[Physical Form for the Participation in Full Contact Football or Cheerleading]

Name of Participant: _____ Birth Date _____

Height: _____ Weight: _____ Age: _____ Pupils & Vision: _____

Address: _____ Phone: _____

Email: _____

MEDICAL

Checked	NORMAL	ABNORMAL	Notes / Comments
Appearance			
Ears / Eyes / Nose / Throat			
Lymph Nodes			
Lungs			
Abdominal			
Gene Talia [Males Only]			
Skin			

CARDIOVASCULAR

Checked	NORMAL	ABNORMAL	Notes / Comments
Murmur +From Supine			
Systolic Murmur			
Diastolic Murmur			
Radial / Femoral Pulse			

MUSCULOSKELETAL

Checked	NORMAL	ABNORMAL	Notes / Comments
Head			
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Ankle			
Foot			

Child is **CLEARED**: _____ **NOT CLEARED**: _____
 For Participation in Truckee Youth Football and Cheer [Youth Sports]

Restrictions [If Any]: _____

Examining Physician's Name, Address & Phone: _____

Physician's Signature: _____

Date: _____