

GWINNETT FOOTBALL LEAGUE
PHYSICAL EXAMINATION FORM

Name of Association: PEACHTREE RIDGE YOUTH ATHLETIC ASSOCIATION -Year 2007

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 _____
 Sputum _____
 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: _____

MEDICAL HISTORY (completed by parent)

PAST HISTORY: (check all that apply)

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

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)