

**RED LAND FOOTBALL ASSOCIATION  
PHYSICAL FORM**

Athlete's Name \_\_\_\_\_

Age \_\_\_\_\_ Squad \_\_\_\_\_

Are you currently under a physician's care for an illness or injury?  YES  NO

If yes, please describe \_\_\_\_\_

Are you currently taking any medications?  YES  NO

If yes, please list medication(s) \_\_\_\_\_

Please list any allergies (including bee stings) \_\_\_\_\_

Last date of tetanus shot? \_\_\_\_\_

Have you ever had an injury to any of the following?

	YES	NO
Neck/Shoulder	_____	_____
Elbow	_____	_____
Hand/Wrist	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle/Foot	_____	_____

Do you suffer from asthma?  YES  NO

If yes, do you use an inhaler?  YES  NO

Family Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Type of Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Person(s) to contact in case of an emergency. Name/address/phone number/relationship to athlete.

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for the Red Land Midget Football Association staff to use their judgement in securing medical aid and ambulance service in case the parent(s) cannot be reached.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PHYSICIAN**

Based upon the completion of the physical exam, I recommend the following:

_____ No athletic participation	_____ Full/Unlimited participation
_____ Limited participation	_____ Clearance withheld until _____

Examining Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_