



**MADISON HEIGHTS LITTLE FOOTBALL LEAGUE
"MADISON HEIGHTS WOLVERINES OR MHLFL"
2017 PHYSICAL EXAMINATION FORM**



TO BE COMPLETED BY PARENT OR GUARDIAN
A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15TH OF THE CURRENT SCHOOL YEAR.

NAME	GRADE	AGE	WEIGHT
ADDRESS (STREET, CITY, ZIP)			
FATHER'S NAME	FATHER'S WORK#	MOTHER'S NAME	MOTHER'S WORK #
DOCTOR'S NAME	DOCTOR'S #	EMERGENCY #	

INSURANCE STATEMENT

OUR SON/DAUGHTER WILL COMPLY WITH THE SPECIFIC INSURANCE REGULATIONS OF THE O.M.Y.F.A.

FAMILY INSURANCE CO. _____

CONTRACT # _____

ANY MEDICAL CONDITIONS _____

ALLERGIES _____

MEDICAL HISTORY

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have You Ever Had:			Have You Ever Had:			Do You Have Now:		
Fainting			Jaundice			Painful Joints		
Diphtheria			Sickle-Cell Anemia			Backaches		
Scarlet Fever			Bleeding Disorder			Pounding of Heart		
Rheumatism			Concussion			Shortness of Breath		
Rupture			Sprain or Fracture			Frequent Urination		
Rheumatic Fever			Surgeries			Cough		
Poliomyelitis						Nose Bleeds		
Pneumonia			Do You Have Now:			Frequent Sore Throats		
Asthma			Blurred Vision			Stomach Pains		
Diabetes			Headaches			Chronic Fatigue		
Heart Disease			Fainting					
Kidney Disease			Convulsions					
Tuberculosis			Black-Outs					

PHYSICAL EXAMINATION

SYSTEM	NORMAL	ABN	SYSTEM	NORMAL	ABN
Vision			Heart		
Blood Pressure			Abdomen		
Pulse Rate			Hernia		
Orthopedic			Genital/Testicular Exam		
Chest			Neurologic		

Lungs			Muscular		
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MUST BE COMPLETED BY THE EXAMINING MD, DO, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER
(CATEGORIES MAY BE ADDED OR DELETED; CHECK APPROPRIATE COLUMN)

RECOMMENDATIONS:

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PARTICIPANT AND RECOMMEND HIM/HER AS BEING ABLE TO COMPETE IN
SUPERVISED ATHLETIC ACTIVITIES NOT CROSSED OUT BELOW:

BASEBALL – BASKETBALL – CHEERLEADING – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS
ICE HOCKEY – SKIING – SOCCER – SOFTBALL – SWIMMING – TENNIS – TRACK – VOLLEYBALL – WRESTLING

X _____

EXAMINER SIGNATURE

DATE SIGNED

X _____

EXAMINER PRINTED NAME

TELEPHONE #

X _____

PARENT/GUARDIAN SIGNATURE

EMERGENCY #

DATE SIGNED