

# UPPER LOUDOUN YOUTH FOOTBALL LEAGUE

Purcellville, Virginia

## Athletic Participation Physical Examination Form

### PART I - PLAYER INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ September Grade: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

### PART II – MEDICAL HISTORY

Player Medical History	Yes	No	Explanation if Yes
1. Has a doctor ever denied or restricted your participation in sports for any reason?			
2. Do you have an ongoing medical condition? (Diabetes, asthma, etc)?			
3. Do you have allergies to medicines, pollens, foods or stinging insects? Have you been diagnosed with Asthma or Allergies?			
4. Do you have a prescription for use of epinephrine, inhaler or other allergy medications?			
5. Have you ever passed out or nearly passed out during or after exercise?			
6. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
7. Have you ever had a head injury or concussion? Where you knocked unconscious? If yes, when?			
8. What is the date of your last Tetanus immunization?			

### PART III – PHYSICAL EXAMINATION

To be filled out by Physician

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Vision: Corrected ( L ) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_  
Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: (Rest) \_\_\_\_\_ Exercise \_\_\_\_\_ Recovery \_\_\_\_\_  
FEV or Peak Flow (Rest) \_\_\_\_\_ Exercise \_\_\_\_\_ Recovery \_\_\_\_\_

	N	ABNORMAL		N	ABNORMAL
Nutrition			Spine/Neck		
Skin			Shoulders		
Glands			Arm/Elbow/wrist/hand		
Eyes			Knees/Hips		
Ears			Ankle/Feet		
Heart			Nose/Throat		
Heart			Nervous System		
Lungs					

General Physical Comments: \_\_\_\_\_

*I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in ULYFL Football:*

( ) **CLEARED WITHOUT RESTRICTIONS** ( ) **NOT CLEARED FOR PARTICIPATION**

Physician Signature: \_\_\_\_\_

Date of Exam \_\_\_\_\_

(MD, DO, LNP, PA)

Examiner's Name Address and Degree (Print or Stamp)

Phone Number: \_\_\_\_\_

ULYFL USE: TEAM \_\_\_\_\_ OFFICIAL WEIGH IN WEIGHT: \_\_\_\_\_ ALLERGY/ASTHMA: \_\_\_\_\_  
This players Head Coach has been informed of any medical conditions of this player: \_\_\_\_\_ Player Agent Initials: \_\_\_\_\_