



Section I. COAST TO COAST SPORTS MANAGEMENT TACKLE PHYSICAL FORM

Participants Name _____

Height: _____ Ft. _____ In. Weight: _____ Lbs.

Hair: _____ Eyes _____

Section II. HEALTH HISTORY

Family Physician _____ Phone _____

Current Medications _____

Preferred Emergency Room _____

Current Problems	Yes	No
Asthma		
Kidney Injuries		
Head Injuries		
Shoulder or Hip Injuries		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Section III. MEDICAL EXAMINATION (check if normal - circle if abnormal)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ TEMP _____

EAR _____ EYES _____ NOSE _____ NOSE _____

HEART _____ LUNGS _____ SKIN _____ TEETH _____

HERNIA _____ ABDOMEN _____ EXTREMITIES _____ FEET _____

REMARKS: Please check appropriate block.

While this examination does not constitute a complete Medical Examination, it does on this date, _____ on my observations, meet the requirements for participation in the youth football program.

The individual examined by me on this date is considered “not” physically qualified to participate in this youth football program for the following reasons: _____

Physician’s Signature _____

Physician Stamp Required