GFL FOOTBALL AND CHEERLEADING
PHYSICAL EXAMINATION FORM

Name of Association: _____ Year 2018

I certify that I examined _____ and recommend him/her 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 _____
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 (MD, DO, PA or NP only): _____

MEDICAL HISTORY (completed by parent)

PAST HISTORY: **(check all that apply)**

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

Tetanus: Booster may be given: Yes_____No____
Do you wear contact lenses/glasses/hearing aid? Yes_____No____ Explain:_____

AUTHORIZATION

As a parent of _____, I give specific permission for the GFL to have emergency medical treatment rendered to my child should my child be injured during the course of any GFL activity and agree that the physicians and/or medical providers who render such treatment do so with my specific authority. I further agree to pay all charges related to any such emergency medical treatment rendered to my minor child and agree to hold harmless and indemnify the GFL, its member associations, coaches and other officials from any and all responsibility for the payment of such medical expenses. I further agree as a parent of a child participating in the GFL to hold harmless and release the GFL, its officers and directors, its member associations, its coaches and officials from any cause of action resulting from my child's participation, my participation or any of my family members' participation in any GFL activity.

Date: _____ Signature: _____
(Parent or Guardian)