

LYFL Sports Physical Form

LYFL Season: _____

****Required for participation in full contact Football or Cheerleading.**

*****Must be turned into Head Coach/ Team Mom on or before the 1st official practice date.**

Child Name: _____ Birthdate: _____ Age as of July 31st: _____

Height: _____ Weight: _____

Medical

Checked	Normal	Abnormal	Notes/Comments
Pulse/BP/Respiration			
Ears/Eyes/nose/Throat			
Pupils & Vision			
Lymph Nodes			
Lungs			
Abdominal			
Skin			
Genitalia (Males Only)			

Cardiovascular

Checked	Normal	Abnormal	Notes/Comments
Murmur from Spine			
Systolic Murmur			
Diastolic Murmur			
Radial/Femoral Pulse			

Musculoskeletal

Checked	Normal	Abnormal	Notes/Comments
Head			
Neck			
Back			
Shoulders/Arms			
Elbows/Forearms			
Wrists/Hands			
Hips/Thighs			
Knees			
Ankles			
Feet			

Lassen Youth Football and Cheer

PO Box 270354, Susanville, CA 96127

LassenFootball@Gmail.com

Tax Id: 01-0807453

Please list all prescribed medications and their purpose: _____

Please list any diagnosed medical or mental conditions: _____

Child is _____ **CLEARED** _____ **NOT CLEARED** for participation in Full contact Football or Cheerleading.

Restrictions (if any): _____

Examining Physician Name, Address, and Phone Number: _____

Physician Signature: _____ **Date:** _____

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