THE VALLEY YOUTH ATHLETIC ASSOCIATION, INC - MEDICAL EXAMINERS REPORT

Statement to the Physician

The below named individual has applied to participate in The Valley Conference Tackle Football, Cheerleading, Basketball, or Track Program. These are highly competitive and physically demanding programs.

A physical examination is required prior to participation in these programs. Please comment on any significant history or abnormal physical findings on back of this form.

PRINT FULL NAME AND DATE OF BIRTH

Last Name	First Name	Middle Name	BORN Month	Day	Year

History (to be completed by parent/guardian)

Does the athlete have to any significant degree any of the following?

Weight _____ Lbs

	Yes	No
1. Trouble with vision or hearing?	☐	☐
2. Any history of lung disease such as asthma? Wheezing? Chronic cough?	☐	☐
3. Any history of heart trouble a) Rheumatic fever, b) heart murmur, c) palpitation or irregular heart rate, d) enlarged heart	☐	☐
4. Any history of stomach, intestinal or liver trouble?	☐	☐
5. Any history of kidney trouble such as glomerulonephritis?	☐	☐
6. Any bone, muscular or neurological disease?	☐	☐

Signature _____
Parent/Guardian

Physician: is the athlete able to participate in full activities? ☐ ☐

If so describe _____

Should there be any limitations? _____

Physical Examination

Pulse _____ Blood Pressure _____

On examination is there any abnormality of any of the following?

If so please explain.

	Normal	Abnormal	Explanation
Eyes			
Ears			
Nose			
Throat			
Neck			
Lungs			
Heart			
Abdomen			
Back			
Hernia			
Neurological			
Skin			
Skeletal			

MD Medical Examiner's Signature _____ Date _____

Physician Stamp Required

NOTICE

Registered Nurses or Nurse Practitioners ***MAY NOT*** perform any physical and sign the medical examination report form.

Physical Examination form must be signed dated and stamp by a MD Physician