

Seneca Valley Youth Football & Cheer Health Examination Form

Name of Athlete _____ Season (year) _____

Birth Date: _____ Age: _____ Grade in Fall: _____

Address: _____

Parent/Guardian: _____ Home/Cell Phone _____

Parent/Guardian: _____ Home/Cell Phone _____

Regarding the Athlete

1. Has had injuries requiring medical attention within the past year? No Yes
If YES, type of injury: _____
2. Has a heart murmur or history of rheumatic fever? No Yes
3. Has been under a physician's care for illness or surgery? No Yes
4. Any allergies to food or medication? No Yes
If YES, list allergies _____
5. Does the Athlete take any medication? No Yes
If YES, list medication: _____

List any pertinent medical history: _____

To be completed by the Physician

Ht: _____ Wt: _____ Pulse: _____ BP: _____

Physician's comments on medical history:

I certify that I have examined this child and find him/her physically able to participate in supervised activities.

Limitations: _____

AME's Name (print) _____ License # _____

Phone: _____ Address: _____

AME's Signature: _____ MD, DO, PAC, CRNP Date: _____