

**Lewisburg Youth Football and Cheer League**

PHYSICAL EXAMINATION RECORD (To be completed by a licensed professional as designated in Article VII 36.14(1).

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parents Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_\_\_ Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appearance: ¨ Normal    ¨Abnormal

Eyes/Ears/Nose/Throat/ Mouth & Teeth: ¨ Normal    ¨Abnormal

Neck/ Lymph Nodes: ¨ Normal    ¨Abnormal

Heart: ¨ Normal    ¨Abnormal

Chest & Lungs: ¨ Normal    ¨Abnormal

Abdomen: ¨ Normal    ¨Abnormal

Skin: ¨ Normal    ¨Abnormal

Genitals: ¨ Normal    ¨Abnormal

Musculoskeletal: ¨ Normal    ¨Abnormal

Neurological: ¨ Normal    ¨Abnormal

**Comments regarding any abnormal findings:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ATHLETIC PARTICIPATION RECOMMENDATIONS:**

\_\_\_\_\_ **Full & Unlimited Participation**

\_\_\_\_\_ **Clearance Pending Documented Follow up of**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Professional’s Name**(Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Professional’s Signature**

**Phone**: