



2010 SPORTS PHYSICAL

(Proof of Physical Forms must be turned into the Head Coach prior to practices starting)

Player Information Last Name: _____ First: _____ M: _____

Birth Date: ____/____/____ Sex: M F HEIGHT ____ WEIGHT ____

Address:

Home Phone: _____ Cell Phone: _____

September Grade: _____ School: _____

General Health (To be completed by parent or guardian):

Please list any allergies, medication, or anything that could hamper physical exertion:

Physician Use (Players Must Have This Completed By a Licensed Physician)

ASTHMA ____ HEART ____ LUNGS ____ DEFORMITIES ____ EYES ____ EARS ____

GENERAL PHYSICAL COMMENTS (Allergies, etc.)

This certifies that I have this day examined the above-named patient and have found him to be of normal development, in reasonable health, and physically fit to play contact football.

Signed: _____ Date: ____/____/____

Physician's Printed Name: _____

Address:

Thomas Jefferson Youth Football League, Charlottesville, Virginia