

2018 ATHLETIC MEDICAL EXAMINATION FOR FRANKLIN YOUTH FOOTBALL

Athlete's Name: _____ Age: _____ Birthdate: _____ SSN: _____

Address: Street: _____ City: _____ State: _____

Phone #: _____ Mobile #: _____

Instructions: All questions must be answered. Failure to disclose pertinent medical information may invalidate your insurance coverage and may cancel your eligibility to participate in football. Any further health problems must be discussed with the physician at the time of this examination.

Medical history: Has athlete ever had any of the following? If "yes" give details to the examining doctor.

	NO	YES	Details (if yes)
1. Head injury or concussion	_____	_____	_____
2. Bone or joint disorders, fractures, dislocations, trick joints, arthritis, back pain	_____	_____	_____
3. Eye or ear problems (disease or surgery)	_____	_____	_____
4. Dizzy spells, fainting, or convulsions	_____	_____	_____
5. Tuberculosis, asthma, bronchitis	_____	_____	_____
6. Heart trouble or rheumatic fever	_____	_____	_____
7. High or low blood pressure	_____	_____	_____
8. Anemia, leukemia, or bleeding disorder	_____	_____	_____
9. Diabetes, hepatitis, or jaundice	_____	_____	_____
10. Ulcers, other stomach trouble, or colitis	_____	_____	_____
11. Kidney or bladder problems	_____	_____	_____
12. Hernia (rupture)	_____	_____	_____
13. Taking medication regularly	_____	_____	_____
14. Allergies or skin problems	_____	_____	_____
15. Other illness, injury not named above	_____	_____	_____
16. Do any of the conditions limit the athlete from competing in tackle football?	_____	_____	_____

Athlete's Weight: _____ Height: _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____