

PEARL CITY JUNIOR CHARGERS

PHYSICAL FORM

This form must be completed and the original submitted to Pearl City Junior Chargers upon certification.

Date of physical: _____

Participant's name: _____ Age: _____ Date of birth: _____

MEDICAL HISTORY: (Must be completed by parent prior to examination)

| | YES | NO | | YES | NO | | YES | NO |
|--------------------------------|-----|----|--------------------------------|-----|----|----------------------------|-----|----|
| Asthma | | | Head injuries within past year | | | Palpitations | | |
| Allergies | | | Serious illness | | | Chest pains | | |
| Glasses/Contacts | | | Bleeding tendencies | | | Dizziness | | |
| Dental braces/bridges | | | Sickle cell tendency | | | Heart murmur | | |
| Repeated bone/joint injuries | | | Surgery within past year | | | Kidney diseases/infections | | |
| Fractures within the past year | | | Diabetes | | | Seizures | | |

THIS SECTION AS WELL AS THE PHYSICAL EXAMINATION BELOW MUST BE COMPLETED BY A LICENSED DOCTOR

Height: _____ Weight: _____ Temp: _____ BP: _____ Pulse: _____

| NORMAL | | | NORMAL | | |
|-------------------------|--|--|--------------------------------|--|--|
| EYES | | | MUSCULOSKETETAL, ROM, STRENGTH | | |
| EARS, NOSE, THROAT | | | NECK | | |
| MOUTH AND TEETH | | | SPINE | | |
| NECK | | | SHOULDERS | | |
| CARDIOVASCULAR | | | ARMS/HANDS | | |
| CHEST AND LUNGS | | | HIPS | | |
| ABDOMEN | | | THIGHS | | |
| NEUROMUSCULAR | | | KNEES | | |
| GENITALIA-HERNIA (Male) | | | ANKLES | | |
| | | | FEET | | |

ABNORMAL FINDINGS (if any): _____

CLEARED TO PARTICIPATE
Restrictions (if any): _____

NOT CLEARED TO PARTICIPATE

DOCTORS NAME (Printed): _____

DOCTORS SIGNATURE: _____

DATE SIGNED: _____

Doctors Stamp: