

GFL SPORTS, INC – PHYSICAL EXAMINATION FORM (VALID ONLY FOR GFL SPORTS, INC. – REVISED 1/2022)

Name: _____

Date of Birth: _____

Season Year: **2022**

Association: _____

Sport (circle one): FOOTBALL CHEER

EXAMINATION – TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY

I certify that I examined _____ and recommend him/her to be physically able to compete in football/cheer contest. The following points were particularly checked, and the condition noted as follows:

Height: _____ Weight: _____ Pulse (at rest): _____ Blood Pressure (at rest): _____

| | Normal (Please Initial) | Abnormal Findings |
|---|-------------------------|-------------------|
| Heart | | |
| Lungs | | |
| Skin | | |
| Neck | | |
| Back | | |
| Shoulder/Arm | | |
| Elbow/Forearm | | |
| Wrist/Hand/Fingers | | |
| Hip/Thigh | | |
| Knee | | |
| Leg/Ankle | | |
| Foot/Toes | | |
| Functional Movement: squat, duck walk, jump | | |
| Refer to Cardiologist (circle one)? | YES | NO |

Name of healthcare professional (print): _____ Phone: _____

Signature of healthcare professional (MD, DO, NP or PA only): _____ Exam Date: _____

HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO PHYSICAL

List past and current medical conditions: _____

Have you ever had any surgery? If yes, list all past surgical procedures: _____

Please list current medications (prescribed and over the counter): _____

Please list any allergies (medications, pollen, food, insects etc.) _____

Do you have an epi-pen? YES _____ NO _____

Do you wear glasses, contacts, or hearing aid? YES _____ NO _____

Explain _____

| HEALTH QUESTIONS (Write YES or NO for each question) | YES | NO |
|--|-----|----|
| Have you ever passed out or nearly passed out during or after exercise? | | |
| Have you ever had a seizure? | | |
| Has any family member or relative died of heart problems unexpected or unexplained before the age of 35? | | |
| Does anyone in your family have any generic heart problems, including implantation of a pacemaker? | | |
| Have you ever had any injury to a bone, muscle, ligament or tendon? | | |
| Do you cough, wheeze, or have difficulty breathing with exercise? | | |
| Have you ever had a concussion or head injury diagnosed by a medical professional? | | |

AUTHORIZATION – TO BE COMPLETED BY PARENT/GUARDIAN

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. As a parent of _____, I give specific permission for the GFL to have emergency medical treatment rendered to my child should my child be injured during any GFL activity and agree that the physicians and/or medical providers who render such treatments do so with my specific authority. I further agree to pay all charges related to any such emergency medical treatment rendered to my minor child and agree to hold harmless and indemnify the GFL, its member associations, coaches, and other officials from all responsibility for the payment of each medical expense. I further agree as a parent of a child participating in the GFL to hold harmless and release the GFL, its officers and directors, its member associations, its coaches, and officials from any cause of action resulting from my child's participation, my participation or any of my family members' participation in any GFL activity.

Date: _____

Signature (of parent of guardian): _____