



Physical Examination Form

PLEASE SELECT ONE OF THE FOLLOWING:

Tackle Football Flag Football Cheer

Participant Info:

First: _____ Middle Initial: _____ Last: _____

Weight: _____

Age: _____

Medical Information

Date of Physical: _____

Known Medical Conditions (if any): _____

List any Allergies (if any): _____

List Current Medications (if any): _____

Please detail below any special restrictions or limitations that should be followed during the course of the season:

To be completed by physician:

I hereby certify that I have examined the above-mentioned participant. I understand that the participant will be involved in the HEYA Football or Cheerleading program.

The Athlete can participate

The Athlete cannot participate

(please circle one)

Physician Name: _____

Address: _____

Affiliate: _____

Telephone: _____

Physician Signature: _____

Please return physical form to your head coach or team parent by first practice

HEYA Physical Form (03/2018)