

## Landmark Eagles Football: Physical Examination Form

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*(A doctor's form or OSHA form may be substituted.)*

DATE OF EXAM: \_\_\_\_\_

NAME: \_\_\_\_\_ SEX: \_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEIGHT: \_\_ WEIGHT: \_\_\_\_\_ PULSE: \_\_\_\_\_ BP: \_\_/\_\_:\_\_\_\_\_, VISION R 20/\_\_\_\_ L 20/ \_\_

CORRECTED? Y N HEARING: \_\_\_\_\_

MEDICAL FINDINGS:   NORMAL    ABNORMAL

MUSCULOSKELETAL FINDINGS:           NORMAL        ABNORMAL

PERSONAL PHYSICIAN: \_\_\_\_\_

*IN CASE OF EMERGENCY, CONTACT-*

*NAME:* \_\_\_\_\_ *RELATIONSHIP:* \_\_\_\_\_

*PHONE:* \_\_\_\_\_ *WORK:* \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I believe the applicant can participate, but I urge caution due to:

\_\_\_\_\_

\_\_\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_

\_\_\_\_\_ I recommend that the applicant NOT participate at this time.

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_