



ASHBURN YOUTH FOOTBALL LEAGUE - PROOF OF PHYSICAL EXAM

Proof of Physical Forms must be turned into the Head Coach of your assigned team prior to practices starting.

Player Information

Last Name: _____ First: _____ Birth Date: ____/____/____

Address: _____

September Grade: _____ School: _____ Home Phone: _____ Sex: M F

General Health (To be completed by parent or guardian): _____

Please list any allergies, medication, or anything that could hamper physical exertion: _____

Physician Use (Contact Football Players Must Have This Completed By a Licensed Physician)

COL ____ SEX ____ HEIGHT ____ WEIGHT ____ NUTRITION ____ SKIN ____ GLANDS ____
EYES r ____ l ____ EARS r ____ l ____ NOSE & THROAT ____ HEART ____ LUNGS ____
DEFORMITIES ____ NERVOUS SYSTEM ____

GENERAL PHYSICAL COMMENTS (Allergies, etc.)

This certifies that I have this day examined the above-named patient and have found him to be of normal development, in reasonable health, and physically fit to play football.

Signed: _____

Date: ____/____/____ Physician's Printed Name: _____

Address: _____