GWINNETT FOOTBALL LEAGUE

PHYSICAL EXAMINATION FORM

Name of Association: NORTH GWINNETT FOOTBALL ASSOCIATION Year **2016**

I certify that I examined _____and recommendhim/her to be physically able to compete in football contest. The following points wereparticularly checked and the condition noted as follows:

HEART: Before exercise: _____
Immediately after exercise: _____
After brief period: _____
Blood Pressure: _____
Murmurs: _____

LUNGS: Is there a history of: Chronic cough: _____
Other condition: _____

Weight in its relation to height (according to accepted chart such as B.T. Baldwin and G.D. Wood).
Weight _____Height_____

GENERAL CONDITION: Excellent _____ Good _____ Fair _____
Below Par _____

Date: _____ Physician (**MD, DO, PA or NP only**):_____

MEDICAL HISTORY (completed by parent)

PAST HISTORY: (check all that apply)

_____ Poliomyelitis _____ Asthma _____ Bone or joint Disease
_____ Heart Disease _____ Diabetes _____ Lung Disease
_____ Kidney Disease _____ Head Injury _____ Epilepsy or Convulsions
_____ Hearing Disorder
_____ Allergies(explain:_____)

Tetanus: Booster may be given: _____ Yes _____ No

Do you wear contact lenses/glasses/hearing aid? _____ Yes _____ No
Explain: _____

AUTHORIZATION

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 the course of any GFL activity and agree that the physicians and/or medical providers who render such treatment 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 any and all responsibility for the payment of such medical expenses. 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: _____
(Parent or Guardian)