



Physician's Report

Last Name: _____ First Name: _____

Medications:

Allergies:

If indicated: Hemoglobin: U/A: Other:

Height: Weight: BP: Pulse:

EXAMINATION	NORMAL	OTHER
General		
ENT/EYES		
CHEST		
CVS		
ABD		
MSKL - spine - extremities		
SKIN		
NEURO		

Please give details of any existing conditions the player answered "YES" to on the other side.

1. Nature of problem(s) or injury:

2. Present state of control/treatment of the disorder:

3. Recommended medications and/or adjustments required during competition:

Concerns or Comments:

**** Is this person medically fit to compete in high school football? YES NO**

Signed: _____ Date: _____
 Please print/stamp your name

