



ROCHESTER REDSKINS PHYSICAL EXAM

Print Name: _____

Birthdate: _____ Height: _____ Weight: _____

Age: _____ School: _____ Grade: _____

Vision: Right: _____ With Glasses: _____

Left: _____ With Glasses: _____

Head, Ears, Eyes, Nose & Throat: _____

Comments:

Blood Pressure: _____

Pulse: _____

Respiration: _____

Heart: _____

Lungs: _____

Abdomen: _____

Body Fat Comp. _____

Urinalysis: _____

Extremities: _____

Hernia: _____

The above-named participant may participate in supervised activities and athletics, except the following: _____

Date: _____ Physician's Signature: _____

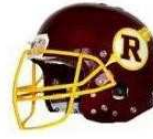
Physician's Phone Number: _____

Recommendations: _____

Required Releases: _____

Physical exam must be completed January 2018 or after and turned in before the first practice .

PHYSICAL MUST BE ELECTRONICALLY SUBMITTED BEFORE PRACTICE BEGINS, OR YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IN THE FIRST PRACTICE, AND WILL BE DISQUALIFIED FROM IRON MAN/SPIRIT AWARD



ROCHESTER REDSKINS MEDICAL HISTORY

Name: _____ Age: _____ Sex: _____

Parent or Guardian: _____ Phone: _____

Family Physician: _____ Phone: _____

Address: _____

Last visit to doctor: _____ Reason: _____

Please mark yes/no if you have experienced problems with any of the following:

	YES	NO		YES	NO		YES	NO
HEADACHES			DIABETES			CONCUSSION		
EYES			BLACKOUTS			DIARRHEA		
EARS			DIZZINESS			PALPITATIONS		
NOSE			CONVULSIONS			KIDNEY		
THROAT			FAINTING			COUGH		
TEETH			WHEEZING			EPILEPSY		
JAWS			RINGING IN EARS			BLADDER		
CHEST			NOSE BLEEDS			GENITALIA		
LUNGS			CHEST PAINS			BOWEL		
HEART			BLOOD IN URINE			LIVER		
STOMACH			SUGAR IN URINE			BROKEN BONE		

If "yes" to any of the questions above, please explain: _____

If you are under any medications, please explain: _____

If you have allergies, or are allergic to medication, please explain: _____

Do you wear glasses? _____ Contacts? _____ During Athletics? _____

Do you wear dental braces? _____

Father's Name: _____

Mother's Name: _____

Emergency Name/Phone: _____

Relationship of emergency contact person: _____

To the best of my knowledge I have given truthful and complete information:

Date: _____ Signature: _____

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