

# LAKELAND BRONCOS PHYSICAL FORM

SECTION I: (to be completed and signed by parent or legal guardian)

Name \_\_\_\_\_ School \_\_\_\_\_  
 Address \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ + \_\_\_\_  
 Sports Played \_\_\_\_\_ Male  Female

**MEDICAL HISTORY**

1. Have you ever been unable to participate in sports due to illness or injury?

Yes  No  If yes, please explain \_\_\_\_\_

2. Do you take any medications regularly? Yes  No  If yes, please list: \_\_\_\_\_

3. Allergies? Yes  No  If yes, please list: \_\_\_\_\_

4. Immunizations up to date? Yes  No

5. Have you ever had an injury to, or had pain or swelling in any of the following:

SHOULDERS  ARMS  WRISTS  HANDS  LEGS  KNEES  ANKLES

6. Have you, or have any of your blood relatives had any of the following:

CHECK EACH ITEM	YES	NO	IF YES, PLEASE EXPLAIN
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. List all Operations and/or hospitalizations:

Year \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Do you currently have, or have you ever had:	YES	NO
SEIZURES	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES (OR SUGAR IN YOUR URINE)	<input type="checkbox"/>	<input type="checkbox"/>
HEART TROUBLE, CHEST PAINS, MURMUR	<input type="checkbox"/>	<input type="checkbox"/>
LUNG PROBLEMS OR DIFFICULTY BREATHING	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
HERNIA	<input type="checkbox"/>	<input type="checkbox"/>
BACK PAIN	<input type="checkbox"/>	<input type="checkbox"/>
NECK INJURY	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURED OR BROKEN ANY BONE	<input type="checkbox"/>	<input type="checkbox"/>
EYEGASSES OR CONTACT LENSES	<input type="checkbox"/>	<input type="checkbox"/>

I give my permission to have my son/daughter examined by the attending physician during sports physicals:

\_\_\_\_\_  
 PARENT SIGNATURE

\_\_\_\_\_  
 DATE

SECTION II: (to be completed by attending physician and/or physician's staff)

	NORMAL	ABNORMAL
1. HEIGHT _____	<input type="checkbox"/>	<input type="checkbox"/>
2. WEIGHT _____	<input type="checkbox"/>	<input type="checkbox"/>
3. BLOOD PRESSURE _____	<input type="checkbox"/>	<input type="checkbox"/>
4. PULSE _____	<input type="checkbox"/>	<input type="checkbox"/>
5. HEART _____	<input type="checkbox"/>	<input type="checkbox"/>
6. LUNGS _____	<input type="checkbox"/>	<input type="checkbox"/>
7. ABDOMEN _____	<input type="checkbox"/>	<input type="checkbox"/>
8. HERNIA _____	<input type="checkbox"/>	<input type="checkbox"/>

Physician remarks and/or recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*PHYSICIAN SIGNATURE*

*DATE*

SECTION III: (to be completed by parent or legal guardian)

I hereby give my permission for the above-named student to participate in the football/cheerleading program for the Lakeland Broncos Junior Football League. I understand that the Lakeland Broncos are not liable for injuries my child may incur while playing for this organization.

I give my permission for my child to receive any immediate and/or necessary medical treatment if he/she is injured while participating in the Lakeland Broncos Football/Cheerleading Program.

Our family carries personal accident and/or health insurance.

- YES - NAME OF INSURANCE COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_
- NO - Our family does not carry personal accident and/or health insurance.

My consent for the above-named student to participate in the Lakeland Broncos Football Program is given with my complete knowledge and understanding of the risk of serious personal injuries associated with participation therein.

\_\_\_\_\_  
*PARENT OR LEGAL GUARDIAN'S SIGNATURE*

*DATE*

SECTION IV: (to be completed by student)

My application to participate in the Lakeland Broncos Football/Cheerleading Program is totally voluntary.

I fully understand and appreciated the risk of serious personal injuries associated with my participation in athletics.

\_\_\_\_\_  
*STUDENT SIGNATURE*

*DATE*