

TUCSON YOUTH FOOTBALL & SPIRIT FEDERATION, INC.
Physical Examination
PHYSICALS MUST BE DATED AFTER JANUARY 1ST OF THE CURRENT YEAR

Name _____ Date of Examination _____

Football/Spirit _____ Association _____

Date of Birth _____ Age _____ Gender M or F

Address _____

Height _____ Weight _____ Pulse _____ BP _____ Pupils Equal Unequal

Vision R20/ _____ L20/ _____ Glasses/Contacts Yes No

MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Appearance	_____	_____	Neck	_____	_____
Skin	_____	_____	Back	_____	_____
Eyes/Ear/Nose	_____	_____	Shoulder/Arm	_____	_____
Throat/Oropharynx	_____	_____	Elbow/forearm	_____	_____
Lymph Nodes	_____	_____	Wrist/hand	_____	_____
Heart	_____	_____	Hip/thigh	_____	_____
Pulses	_____	_____	Knee	_____	_____
Lungs	_____	_____	Leg/ankle	_____	_____
Abdomen	_____	_____	Foot	_____	_____
Genitalia/Hernia	_____	_____			

CLEARANCE

Cleared for Athletics

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for _____ Reason _____

Recommendations _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD / DO / NP / PA-C