

**PROOF OF PHYSICAL EXAM**

2009 Season – Lions Football Program

**Player Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

September Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Sex: M F

**General Health** (To be completed by parent or guardian)

In the space provided, please list any allergies, medication, or anything that could hamper physical exertion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Use** (Contact Football Players Must Have This Completed By a Licensed Physician)

COL \_\_\_ SEX \_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ NUTRITION \_\_\_\_\_  
SKIN \_\_\_ GLANDS \_\_\_ EYES r \_\_\_ l \_\_\_ EARS r \_\_\_ l \_\_\_ NOSE & THROAT \_\_\_  
HEART \_\_\_ LUNGS \_\_\_ DEFORMITIES \_\_\_ NERVOUS SYSTEM \_\_\_\_\_

GENERAL PHYSICAL COMMENTS (Allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

This certifies that I have this day examined the above-named patient and have found him to be of normal development, in reasonable health, and physically fit to play football.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_