LJAL – 2015 FOOTBALL

MEDICAL INFORMATION (<u>to be completed at time of physical by Doctor</u>)

PLAYERS NAME _____

WEIGHT _____ lbs. HEIGHT _____ BLOOD PRESSURE _____

CONDITION OF HEART: SATISFACTORY UNSATISFACTORY

CONDITION OF LUNGS: SATISFACTORY UNSATISFACTORY

EVIDENCE OF HERNIA: YES NO

GENERAL CONDITION OF FEET, EARS, EYES, AND NOSE: SATISFACTORY UNSATISFACTORY

CURRENTLY TAKING MEDICATION / ALLERGIES _____
_____
_____
_____

PHYSICAIN'S COMMENTS (Please note any limitations or conditions that the LJAL should be aware of): _____

_____

_____

_____

_____

THE PLAYER WAS EXAMINED ON _____ (date) AND IS / IS NOT (circle) RECOMMENDED TO PARTICIPATE IN THE FOOTBALL PROGRAM.

PHYSICIAN'S SIGNATURE _____