



DRIP SUPREME

YOUTH FOOTBALL ORGANIZATION

PHYSICAL EXAMINATION FORM

PLAYER INFORMATION: _____

Full Name: _____ Date of Birth: _____ Age _____

Parent/Guardian Name: _____

Phone Number: _____ Emergency Contact: _____

Relationship: _____ Phone: _____

MEDICAL HISTORY (to be filled out by parent/guardian):

☐ Asthma ☐ Allergies ☐ Heart Condition

☐ Seizures ☐ Diabetes ☐ Seizures

☐ Past Surgeries _____

PHYSICIAN'S SECTION (to be filled out by doctor):

Height: _____ Weight: _____ Blood Pressure _____ Pulse _____

Vision (L) _____ (R): _____ Heart: _____ Pass / Fail

Heart: Normal / Abnormal Lungs Clear / Aongested

Cleared for physical activity: Yes / No _____

If no, reason: _____

Physician Signature _____ Date _____

Clinic Stamp (if applicable)