



Pacific Coast Youth Football/Cheerleading Conference, Inc.

PHYSICAL EXAM FORM

Revised 1/10

This form must be completed and the original copy submitted to the PCC Conference at certification

Association: _____ Date of Physical: _____

Candidate's Name: _____ Age: _____ D.O.B: _____

Division of Play: _____ Team Name/Mascot: _____

MEDICAL HISTORY: (Must be completed by parent prior to examination)

Medical history table with columns for Yes/No for various conditions like Asthma, Allergies, Head injuries, etc.

The Section Below MUST Be Completed By A Licensed Medical Doctor (MD) ONLY:

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respiration: _____

Table with 4 columns: Exam Category (1-10), Normal status, Exam Category (10-1), Normal status.

ABNORMAL FINDINGS If any: _____

If Cleared to participate check ONE appropriate category of play: (Doctor only) () Flag Football () TACKLE Football () Cheerleading w/ Stunting () Cheerleading w/o Stunting

Restrictions if any: _____

() NOT CLEARED to Participate in sport () Refer to Family Physician For Clearance

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

Doctors Stamp: _____

DOCTORS NAME (Printed): _____

DOCTORS SIGNATURE: _____

License #: _____