



# Physical Examination

MILFORD FOOTBALL CLUB  
P.O. Box 523  
Milford, Ohio 45150-0523  
www.milfordfootballclub.com

TO BE FILLED OUT BY A  
LICENSED PHYSICIAN

Players Name: \_\_\_\_\_ Date: \_\_\_\_\_

If Satisfactory - Check  
If Not Satisfactory - Mark with an "X" and Explain

HGT. \_\_\_\_\_ B.P. \_\_\_\_\_ URINALYSIS TEST DONE \_\_\_\_\_

WT. \_\_\_\_\_ BLOOD COUNT \_\_\_\_\_ HGB. TEST DONE \_\_\_\_\_

EYES \_\_\_\_\_ GLASSES \_\_\_\_\_ EXTREMITIES \_\_\_\_\_

EARS \_\_\_\_\_ NOSE \_\_\_\_\_ POSTURE \_\_\_\_\_

SKIN \_\_\_\_\_ THROAT \_\_\_\_\_ ALLERGY \_\_\_\_\_

TEETH \_\_\_\_\_ HEART \_\_\_\_\_

LUNGS \_\_\_\_\_ ABDOMEN \_\_\_\_\_

GENITALIA: \_\_\_\_\_ HERNIA: \_\_\_\_\_

GENERAL APPRAISAL: \_\_\_\_\_

THIS PERSON IS FREE FROM ALL HEALTH CONDITIONS WHICH MIGHT BE HARMFUL TO OTHERS. YES \_\_\_ NO \_\_\_

THIS PERSON IS ABLE TO PARTICIPATE IN VARIOUS GROUP ACTIVITIES INCLUDING YOUTH FOOTBALL. YES \_\_\_ NO \_\_\_

(ANY RESTRICTIONS, PLEASE IDENTIFY.) PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_