# Physical Fitness Form

**TO BE COMPLETED BY PARENT**

Name of Participant_____ Weight_____

Age_____ Date of Birth_____ Gender_____

| | | | | | |
|---|---|---|---|---|---|
| ____ | Rheumatic Fever | ____ | Shortness of Breath | ____ | Epilepsy |
| ____ | Skin Condition | ____ | Heart Murmur | ____ | Fainting |
| ____ | Chronic Cough | ____ | Heart Disease | ____ | Hernia |
| ____ | Tuberculosis | ____ | Broken Limbs | ____ | Back Pain |
| ____ | Poor Vision | ____ | Back Deformity | ____ | Headaches |
| ____ | Wears Glasses | ____ | Stomach Pain | ____ | Pneumonia |
| ____ | Hearing Loss | ____ | Kidney Trouble | ____ | Asthma |
| ____ | Frequent Nose Bleeds | ____ | Frequent Constipation | ____ | Hay Fever |
| ____ | Frequent Nose Infections | ____ | Liver Trouble | ____ | Diabetes |
| ____ | Frequent Throat Infections | ____ | Undescended Testicles | ____ | Mental Illness |

Other (List)_____

LIST CURRENT MEDICINES_____

LIST OPERATIONS_____

LIST HOSPITALIZATIONS_____

I understand this is not a complete physical
LEGAL GUARDIANS SIGNATURE_____ Date_____

**TO BE COMPLETED BY PHYSICIAN**

Blood Pressure_____ Pulse_____ Weight_____Albumin_____
Sugar_____
Lungs_____ Heart_____ Hernia_____Back_____Extremities_____
Physically Fit? YES_____ NO_____ Eye Screening: Left eye_____ Right Eye_____

If (NO)
reason:_____
**Eligible to play W.F.F.L Football YES_____ NO_____**
Physicians Signature_____
Examination Date_____