

2010 Registration Forms

PRE-PARTICIPATION PLAYER PHYSICAL SCREEN

Player Name

Birthdate

To be completed by PARENT:

HEALTH HISTORY — Does this player have any history of the following? Please circle YES or NO:

Table with 6 columns: Condition, YES, NO, Condition, YES, NO. Rows include ASTHMA, FAINTING, CONCUSSION, HEART MURMUR, SPINAL CURVATURE, SEIZURES, FRACTURE / BROKEN BONES, JOINT PROBLEMS / DISLOCATION, HIGH BLOOD PRESSURE, IRREGULAR HEARTBEAT, FREQUENT HEADACHES, DIABETES.

Please detail any items that were answered YES and/or any conditions that you intend to bring to the attention of your physician or the Peters Township Boys Youth & Middle School Lacrosse Association

Is your son currently taking any type of medication? YES NO Please describe if YES

Has your son had surgery in the past 5 years? YES NO Please describe if YES

Has your son had an overnight stay in a hospital in the past 5 years? YES NO Please describe if YES

Has your son been injured since his last athletic physical? YES NO Please describe if YES

To be completed by PHYSICIAN:

Height

Weight

Blood Pressure

Please check NORMAL or ABNORMAL with any noted abnormalities outlined in comments area below:

Table with 6 columns: Organ, NORMAL, ABNORMAL, Organ, NORMAL, ABNORMAL. Rows include Skin, Heart, Neck, Lymphatic, Lungs, Pulse, Abdomen, Neurologic, Spine, Joints/Extrem., Genitalia.

Comments surrounding any abnormalities

I have examined the general physical condition of the referenced player and acknowledge that I have found him physically sound to participate without restriction in Boys Lacrosse for the current sport season.

Physician's Signature acknowledging review

Physician Name and Address (Please Print)

Date