

**WEST HAVEN RECREATION  
2009 WASATCH FRONT FOOTBALL LEAGUE MEDICAL SCREEN**

**(To be completed by parent)**

Circle League player is participating in:

Jr. Mite Mitey Mite                      Jr. Pee Wee                      Pee Wee                      Jr. Midget                      Midget

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHECK IF CHILD HAS OR HAS HAD ANY OF THE FOLLOWING:**

- |                                               |                                                |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Rheumatic fever      | <input type="checkbox"/> Shortness of breath   |
| <input type="checkbox"/> Hay Fever            | <input type="checkbox"/> Heart Murmur          |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart disease         |
| <input type="checkbox"/> Skin condition       | <input type="checkbox"/> Back pain             |
| <input type="checkbox"/> Poor vision          | <input type="checkbox"/> Back deformity        |
| <input type="checkbox"/> Wears glasses        | <input type="checkbox"/> Stomach pain          |
| <input type="checkbox"/> Hearing loss         | <input type="checkbox"/> Kidney trouble        |
| <input type="checkbox"/> Frequent nose bleeds | <input type="checkbox"/> frequent constipation |
| <input type="checkbox"/> Throat infection     | <input type="checkbox"/> Liver trouble         |
| <input type="checkbox"/> Pneumonia            | <input type="checkbox"/> Hernia                |
| <input type="checkbox"/> Chronic cough        | <input type="checkbox"/> Undescended testicles |
| <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Broken limbs          |
| <input type="checkbox"/> Headaches            | <input type="checkbox"/> Fainting              |
| <input type="checkbox"/> Epilepsy             | <input type="checkbox"/> Other (please list)   |

List current Medications: \_\_\_\_\_

List operations and/or Hospitalizations: \_\_\_\_\_

To the best of my knowledge the above information is correct and I understand this is not a complete physical but a screen.  
Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**(To be completed by the doctor)**

**Examination Date: \_\_\_\_\_**

**(Must be dated after May 1, 2009)**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_

**Pulse:** \_\_\_\_\_ **Urine: Albumin** \_\_\_\_\_ **Sugar:** \_\_\_\_\_

**Lungs:** \_\_\_\_\_ **Heart:** \_\_\_\_\_ **Hernia:** \_\_\_\_\_

**Back:** \_\_\_\_\_ **Extremities:** \_\_\_\_\_

**Physically Fit: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If NO, please give reason:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_