

Northland Chiefs Cheerleading

CHEERLEADER PHYSICAL FORM

Section I. Contact Information:

Participant Name _____

Address: _____

Phone: _____

Date of Birth: _____

Section II. HEALTH HISTORY

Family Physician _____ Phone _____

Current Medications _____

Preferred Emergency Room _____

Hospital _____

Current Problems	Yes	No
Asthma		
Kidney Injuries		
Head Injuries		
Shoulder or Hip Injuries		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Section III. MEDICAL EXAMINATION

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

Check if healthy or note otherwise:

EAR _____ EYES _____ NOSE _____

HEART _____ LUNGS _____ SKIN _____

TEETH _____ ABDOMEN _____ EXTREMITIES _____

While this examination does not constitute a complete Medical Examination, it does on this date, on my observations, meet the requirements for participation in the youth cheerleading program.

EXAMINED BY _____ DATE _____

SIGNATURE _____

OFFICE ADDRESS _____

OFFICE PHONE _____