

NORTH SUBURBAN YOUTH FOOTBALL LEAGUE

PHYSICAL EXAMINATION RECORD

This form should be filled in by a physician and attached to the NSYFL Player Contract form, and presented at the time of Official League weigh-in.

_____		_____	
Name		Team	
Ear, Nose & Throat	_____	Genitalia	_____
Lungs	_____	Hernia	_____
Heart	_____	Extremities	_____
Abdomen	_____	Reflexes	_____
Other	_____	Blood pressure	_____

Explanation: _____

Urinalysis (not required) _____

Laboratory (not required) _____

Explanation: _____

From the limited examination performed on the patient named above, I have determined that he is physically able to participate in tackle football.

Date

Signature of physician