

RED ROSE MIDGET FOOTBALL LEAGUE

TO BE COMPLETED BY PARENT

NAME _____

BIRTHDATE _____ AGE _____

ADDRESS _____

PARENT'S NAME _____ TELEPHONE # _____

FAMILY DOCTOR _____

PAST MEDICAL HISTORY

YES NO

1. Presently taking medication.
2. Allergic to medicine, foods, etc.
3. Wears glasses, contact lenses,
Hearing aid, dentures
4. History of braces, chipped teeth, bridges
5. Has ongoing medical problem
6. Had serious or significant illness in past
7. Any past surgical operations
8. Any past injuries, accidents requiring
medical help
9. Any past injuries directly related to sports
10. Any hospitalization not explained above
11. Any know deformities (such as curvature
of back, heart problems, one kidney
blindness in one eye, one testicle, etc.)
12. Any serious family illness (such as diabetes,
bleeding disorders, heart attack before
age 50, etc.)

	YES	NO
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

REVIEW OF SYSTEMS (Please check if there are any problems with any of the following areas of your body)

___ Skin	___ Abdomen
___ Head	___ Back
___ Eyes	___ Urination,
	Bowel Problems
___ Ears	___ Genital
___ Nose	___ Shoulders,
	Arms, Hands
___ Mouth/Throat	___ Hips, Legs ,
	Feet
___ Neck	___ Muscle-strength
	feeling
___ Lungs	___ Mental
	Problems
___ Heart	

Date of last tetanus shot _____

If yes, please explain (what, where, when) _____

I certify that the above information is correct to the best of my knowledge : _____

PARENT'S SIGNATURE _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

VISUAL ACUTTY: EYES (R) 20/ _____ (L) 20/ _____ W/O GLASSES _____ W/GLASSES _____

	NORMAL	ABNORMAL FINDINGS
1. GENERAL		
2. HEAD-NECK		
3. SKIN		
4. LUNGS		

	NORMAL	ABNORMAL FINDINGS
5. HEART		
6. ABDOMEN		
7. GENITALIA		
(INCL. HERNIA)		
8. ORTHOPEDIC		

RECOMMENDATIONS OR COMMENTS: _____

DATE OF EXAMINATION: _____ PHYSICIAN'S SIGNATURE _____