## **GWINNETT FOOTBALL LEAGUE** PHYSICAL EXAMINATION FORM

Name of Associa	ition:		Year <u>2<b>016</b></u>
I certify that I exable to compete i	an football contest. The following points	were particularly ch	and recommend him/her to be physically necked and the condition noted as follows:
HEART:	Before exercise: Immediately after exercise: After brief period: Blood Pressure: Murmurs:		
LUNGS: Is	there a history of:	Chronic cough: Other condition	:
Weight in its	relation to height (according to acce Weight		B.T. Baldwin and G.D. Wood). eight
GENERAL C	CONDITION: Excellent Below Par	Good	Fair
Date:	Physician (M	D, DO, PA or NP	<u>only</u> ):
I I I	MEDICAL HISTO  (check all that apply)  Poliomyelitis Asthma  Heart Disease Diabetes  Kidney Disease Head Inju  Hearing Disorder  Allergies(explain:	ury	<ul><li>Bone or joint Disease</li><li>Lung Disease</li><li>Epilepsy or Convulsions</li></ul>
Tetanus: Booster	may be given:	Yes	No
Do you wear con Explain:	tact lenses/glasses/hearing aid?	Yes	No
	AUTH	<u>ORIZATION</u>	
treatment render physicians and/or charges related t indemnify the Gl of such medical GFL, its officers	ed to my child should my child be injured in the medical providers who render such treat to any such emergency medical treatments. Its member associations, coaches and expenses. I further agree as a parent of a and directors, its member associations, i ipation, my participation or any of my fair	tred during the countment do so with most rendered to my dother officials from child participating ts coaches and officially members' participating the coaches are considered.	ion for the GFL to have emergency medical arse of any GFL activity and agree that the sy specific authority. I further agree to pay all minor child and agree to hold harmless and many and all responsibility for the payment in the GFL to hold harmless and release the cials from any cause of action resulting from icipation in any GFL activity.
		(Par	rent or Guardian)