



## PREPARTICIPATION PHYSICAL EVALUATION

Preparticipation Physical Evaluation DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

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

Personal Physician \_\_\_\_\_ In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**I give permission for the designated physician to complete a physical examination YES / NO**

Past Medical History: Has the child had any of the following conditions?		Y/N
1.	Asthma?	
2.	Chest Pain?	
3.	Experienced sickness after any activity?	
4.	Has your family had any history with cardiac issues?	
5.	Concussions? If so, how many? _____ Date of last one _____	
6.	COVID?	
7.	Hospitalized for COVID?	

COMMENTS / EXPLANATIONS:

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**I give consent to provide pre-participation physical to Golden Empire Football League.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_