

# AAU Football Medical Clearance Form

I, hereby my signature below, do certify that I am licensed by the state and I am qualified in determining that: (Childs Name) \_\_\_\_\_ [ date of birth \_\_\_\_\_ ] is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, or cheer activities. I am therefore clearing this individual for athletic participation.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Office Address: \_\_\_\_\_

Please Note: If this medical clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "doctors resume participation medical clearance form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctors official stationary and includes the following statement " (participants name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, or cheer activities. I am therefore clearing this individual fro athletic participation"

This statement must be supplied by the physician attending to the injury, accident, or illness.

This from can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

## Medical History

1. Has anyone in the athletes family died suddenly before 50? Yes No Don't Know
2. Has the athlete ever suffered a heat related illness? Yes No Don't Know
3. Has the athlete ever stopped exercising because of dizziness or passed out? Yes No Don't Know
4. Does the athlete have a chronic illness? Yes No Don't Know
5. Does athlete have asthma, hay fever, or coughing spells? Yes No Don't Know
6. Does the athlete take any medication? Yes No Don't Know
7. Has the athlete ever had a broken bone, had to wear a cast, or joint injury? Yes No Don't Know
8. Is the athlete allergic to any medication or bee stings? Yes No Don't Know
9. Does the athlete have a history of concussions? Yes No Don't Know
10. Does the athlete have only one of any paired organs? Yes No Don't Know

## Medical Examination

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Musculoskeletal Exam:	Normal	Abnormal	Description
Ankle			
Knee			
Shoulder			
Other Joints			
Alignment Problems			
Scoliosis			
Estimate of Flexibility			
Eyes			
Genitalia (Males):			
Cardio Exam:			