



W.F.F.L Physical Fitness Form

TO BE COMPLETED BY PARENT

Name of Participant _____ Weight _____

Age _____ Date of Birth _____ Gender _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Broken Limbs | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Poor Vision | <input type="checkbox"/> Back Deformity | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Stomach Pain | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Frequent Constipation | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Frequent Nose Infections | <input type="checkbox"/> Liver Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Throat Infections | <input type="checkbox"/> Undescended Testicles | <input type="checkbox"/> Mental Illness |

Other (List) _____

LIST CURRENT MEDICINES _____

LIST OPERATIONS _____

LIST HOSPITALIZATIONS _____

I understand this is not a complete physical
LEGAL GUARDIANS SIGNATURE _____ Date _____

TO BE COMPLETED BY PHYSICIAN

Blood Pressure _____	Pulse _____	Weight _____
Albumin: _____	Sugar _____	Lungs _____
Heart _____	Hernia _____	Back _____
Extremities _____		

Physically Fit? YES _____ NO _____

If NO, reason: _____

Eligible to play W.F.F.L Football YES _____ NO _____

Physicians Signature _____ Examination Date _____

For office use only

Franchise _____ Division _____ Coach's Name _____

