

## PHYSICAL EXAMINATION

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_

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

Weight: \_\_\_\_\_ Visual Acuity: Left 20/ \_\_\_\_\_  
 Right 20/ \_\_\_\_\_

CLARK COUNTY YOUTH FOOTBALL  
 PHYSICAL EXAMINATION FORM.

EACH PARTICIPANT IN C.C.Y.F. IS REQUIRED TO HAVE A PHYSICAL EXAMINATION EACH CALENDAR YEAR. PHYSICAL EXAMINATIONS ARE VALID FROM JANUARY 1<sup>ST</sup> THRU DECEMBER 31<sup>ST</sup>.

THIS EXAMINATION IS BEING COMPLETED ON  
 MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR 20\_\_\_\_

AND EXPIRES ON 31<sup>ST</sup> OF DECEMBER, THE SAME CALENDAR YEAR.

Normal

Abnormal

- |                          |     |                              |                          |       |
|--------------------------|-----|------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1.  | Head                         | <input type="checkbox"/> |       |
| <input type="checkbox"/> | 2.  | Eyes (pupils), ENT           | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3.  | Teeth                        | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4.  | Chest                        | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5.  | Lungs                        | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6.  | Heart                        | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7.  | Abdomen                      | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8.  | Genitalia                    | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9.  | Neurologic                   | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10. | Skin                         | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 11. | Physical Maturity            | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 12. | Spine, Back                  | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 13. | Shoulders, Upper extremities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 14. | Lower extremities            | <input type="checkbox"/> | _____ |

Assessment:  Full participation  
 Limited participation (describe limitations, restrictions):

DATE: \_\_\_\_\_ EXAMINER'S SIGNATURE: \_\_\_\_\_

EXAMINER'S PHONE: ( ) \_\_\_\_\_ PRINT EXAMINER'S NAME: \_\_\_\_\_