Seneca Valley Junior Football Association of Cranberry
Health & Fitness Evaluation Form

Name of Athlete: _____ Season (year): _____

Birth date: _____ Age: _____ Grade in Fall: _____

Address:_____
Street City ZIP

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

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Regarding the Athlete

1. Has had injuries requiring medical attention within the past year? No _____ Yes _____
   If Yes, type of injury: _____

2. Has had rheumatic fever or heart murmur? No _____ Yes _____

3. Has been under physician's care for illness or surgery? No _____ Yes _____
   If Yes, type of injury or surgery: _____

4. Had an immediate relative die suddenly before the age of 60? No _____ Yes _____

Does the athlete:
Wear Glasses? No ____ Yes _____ Contacts? No ____ Yes _____
Take Medication? No ____ Yes _____ If yes, what kind? _____

Hospital Preference (in case of emergency) _____

To be Completed by Physician

Physician's comments on medical history: _____
_____

Ht: _____ Wt: _____ Pulse: _____ BP: _____

Maximum Allowable Weight Loss: _____

Comments: _____
_____

I certify that I have on this date examined this athlete and find him (her) physically able to participate in Seneca Valley Junior Football Association of Cranberry supervised activities.

Limitations: _____

Signature: _____
Examining Physician Date

Physicals are valid for one year from the date of the physical.