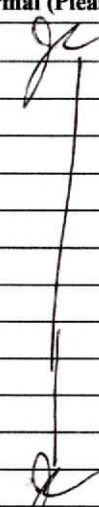


GFL SPORTS, INC – PHYSICAL EXAMINATION FORM (VALID ONLY FOR GFL SPORTS, INC. – REVISED 1/2022)Name: Harrison JohansenDate of Birth: 11/20/2008Season Year: 2022Association: North GwinnettSport (circle one): FOOTBALL CHEER**EXAMINATION – TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY**I certify that I examined Harrison Johansen and recommend him/her to be physically able to compete in football/cheer

contest. The following points were particularly checked, and the condition noted as follows:

Height: 65 1/8 Weight: 120.4 Pulse (at rest): 72 Blood Pressure (at rest): 94/60

	Normal (Please Initial)	Abnormal Findings
Heart		
Lungs		
Skin		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional Movement: squat, duck walk, jump		
Refer to Cardiologist (circle one)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Name of healthcare professional (print): DR JAMES COX Phone: 770-622-5158Signature of healthcare professional (MD, DO, NP or PA only):  Exam Date: 1-8-22**HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO PHYSICAL**

List past and current medical conditions: _____

Have you ever had any surgery? If yes, list all past surgical procedures: _____

Please list current medications (prescribed and over the counter): _____

Please list any allergies (medications, pollen, food, insects etc.) _____

Do you have an epi-pen? YES _____ NO _____

Do you wear glasses, contacts, or hearing aid? YES _____ NO _____

Explain _____

HEALTH QUESTIONS (Write YES or NO for each question)	YES	NO
Have you ever passed out or nearly passed out during or after exercise?		
Have you ever had a seizure?		
Has any family member or relative died of heart problems unexpected or unexplained before the age of 35?		
Does anyone in your family have any generic heart problems, including implantation of a pacemaker?		
Have you ever had any injury to a bone, muscle, ligament or tendon?		
Do you cough, wheeze, or have difficulty breathing with exercise?		
Have you ever had a concussion or head injury diagnosed by a medical professional?		

AUTHORIZATION – TO BE COMPLETED BY PARENT/GUARDIAN

Harrison

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. As a parent of, Johansen, I give specific permission for the GFL to have emergency medical treatment rendered to my child should my child be injured during any GFL activity and agree that the physicians and/or medical providers who render such treatments do so with my specific authority. I further agree to pay all charges related to any such emergency medical treatment rendered to my minor child and agree to hold harmless and indemnify the GFL, its member associations, coaches, and other officials from all responsibility for the payment of each medical expense. I further agree as a parent of a child participating in the GFL to hold harmless and release the GFL, its officers and directors, its member associations, its coaches, and officials from any cause of action resulting from my child's participation, my participation or any of my family members' participation in any GFL activity.

Date: 07/08/2022Signature (of parent of guardian):  Eric Johansen, father