

## GFL SPORTS, INC - PHYSICAL EXAMINATION FORM (VALID ONLY FOR GFL SPORTS, INC. - REVISED 1/2022)

Name: Ali HeadDate of Birth: 11.9.2010Season Year: 2022Association: CHAASport (circle one): FOOTBALL CHEERCollins Hill Athletic Association

## EXAMINATION - TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY

I certify that I examined Ali Head 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: 61" Weight: 121 lb Pulse (at rest): 63 Blood Pressure (at rest): 109/66

|   | Normal (Please Initial) | Abnormal Findings   |
|---|-------------------------|---|
| Heart                                       | <u>ll</u>               |   |
| Lungs                                       | <u>ll</u>               |   |
| Skin  | <u>ll</u>               |   |
| Neck  | <u>ll</u>               |   |
| Back  | <u>ll</u>               | <b>Pediatric Associates of Lawrenceville, LLC</b><br><b>738 Old Norcross Rd. Suite 100</b><br><b>Lawrenceville, GA 30046</b><br><b>770-277-6725 - Office</b><br><b>770-277-9169 - Fax</b> |
| Shoulder/Arm                                | <u>ll</u>               |   |
| Elbow/Forearm                               | <u>ll</u>               |   |
| Wrist/Hand/Fingers                          | <u>ll</u>               |   |
| Hip/Thigh                                   | <u>ll</u>               |   |
| Knee  | <u>ll</u>               |   |
| Leg/Ankle                                   | <u>ll</u>               |   |
| Foot/Toes                                   | <u>ll</u>               |   |
| Functional Movement: squat, duck walk, jump | <u>ll</u>               |   |
| Refer to Cardiologist (circle one)?         | YES                     | <u>(NO)</u>   |

Name of healthcare professional (print): Lindsay Connors Phone: 770-277-6725

Signature of healthcare professional (MD, DO, NP or PA only): L. Connors CNP Exam Date: 4/12/22

## HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO PHYSICAL

List past and current medical conditions: none  
 Have you ever had any surgery? If yes, list all past surgical procedures: none  
 Please list current medications (prescribed and over the counter): none  
 Please list any allergies (medications, pollen, food, insects etc.): none  
 Do you have an epi-pen? YES X NO X  
 Do you wear glasses, contacts, or hearing aid? YES X NO X  
 Explain glasses

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

## AUTHORIZATION - TO BE COMPLETED BY PARENT/GUARDIAN

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 Ali Head, 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: 4.12.22Signature (of parent of guardian): Melissa Roberts