

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

Name: Faith Melody Chen
 Association: Peachtree Ridge Cheer

Date of Birth: 11/24/2010 Season Year: 2022
 Sport (circle one): FOOTBALL CHEER

EXAMINATION - TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY

I certify that I examined _____ 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: 62" Weight: _____ Pulse (at rest): 82 Blood Pressure (at rest): 100/60

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

Name of healthcare professional (print): STEPHANIE NAM, PA-C (NPI: 1043868326) Phone: 412-722-5477

Signature of healthcare professional (MD, DO, NP or PA only): Stephanie Nam Exam Date: 01/20/2022

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

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?		<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, Faith Chen, 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: 1/20/2022 Signature (of parent of guardian): _____