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

rtify that I examined	Fiorentia and	A MEDICAL PROFESS d recommend him/her to be phy	SIONAL ONL sically able to con	Y mete in
tify that I examined	Fiorentia and	d recommend him/her to be phy	sically able to con	nete in
ball/cheer test. The following points were particularly check				ipoto III
	ked and the condition noted as	follows:		
	aca, and the condition motor as			
ght:	Pulse (at rest):	Blood Pressure	e (at rest):	0/6
Normal (Please Initial)		Abnormal Findings		
eart			•	
ungs				
kin				
Veck				
Back				
houlder/Arm				
Elbow/Forearm		Georgia, LL		
Vrist/Hand/Fingers		The Little Clinic of Little Clinic Of Land Rd 505 Dacula Rd 30019		
Hip/Thigh				
Inee		Dacula, 678-407-8750		
Leg/Ankle				
Foot/Toes		Entity Tax ID		
Functional Movement: squat, duck walk, jump				
Refer to Cardiologist (circle one)?	YES	(NO)		
fame of healthcare professional (print):  gnature of healthcare professional (MD, DO, NP  HISTORY – TO BE CO	DMPLETED BY PARE	Phone:    Control   Contro	Exam Date:  TO PHYSIC	
t past and current medical conditions: dep				
ve you ever had any surgery? If yes, list all past start as a list current medications (prescribed and over		line		
ease list any allergies (medications, pollen, food,				
you have an epi-pen? YES NO X	<u> </u>			
you wear glasses, contacts, or hearing aid? YES	SNO			
HEALTH QUESTIONS (Write YES or NO for	r each question)		YES	NO
Have you ever passed out or nearly passed out during or after exercise?			X	
Have you ever had a seizure?				
Has any family member or relative died of heart problems unexpected or unexplained before the age of 35?		ained 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?				
Tave vou ever had a concussion or head inility di	,			

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: 7/7/2022 Signature (of parent of guardian):