

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

Name: Heber Riley
 Association: Collins Hill

Date of Birth: 8/6/11
 Sport (circle one): FOOTBALL CHEER

Season Year: 2022

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: 58 in Weight: 83 lb Pulse (at rest): 98 Blood Pressure (at rest): 104/64

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

Gwinnett Pediatrics
 2089 Teron Trace Ste 100
 Dacula, GA 30019
 Phone: 770-995-0823
 Fax: 770-831-7776

Name of healthcare professional (print): J. Wes Johnson, MD Phone: _____

Signature of healthcare professional (MD, DO, NP or PA only): [signature] Exam Date: 2/24/22

HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO PHYSICAL

List past and current medical conditions: Asthma

Have you ever had any surgery? If yes, list all past surgical procedures: NO

Please list current medications (prescribed and over the counter): Asthma pump, epi-pen

Please list any allergies (medications, pollen, food, insects etc.): shellfish allergy

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?		<input checked="" type="checkbox"/>
Have you ever had a seizure?		<input checked="" type="checkbox"/>
Has any family member or relative died of heart problems unexpected or unexplained before the age of 35?		<input checked="" type="checkbox"/>
Does anyone in your family have any generic heart problems, including implantation of a pacemaker?		<input checked="" type="checkbox"/>
Have you ever had any injury to a bone, muscle, ligament or tendon?		<input checked="" type="checkbox"/>
Do you cough, wheeze, or have difficulty breathing with exercise?		<input checked="" type="checkbox"/>
Have you ever had a concussion or head injury diagnosed by a medical professional?		<input checked="" type="checkbox"/>

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 _____, 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: 2/30/22

Signature (of parent of guardian): [signature]