



**GWINNETT LACROSSE LEAGUE
PHYSICAL EXAMINATION FORM
2020 SEASON**



Player's Legal Name: _____ **Date of Birth:** _____

Name must match name on report card - no nicknames or shortened names

Medical History (to be completed by parent prior to physical)

	Yes	No		Yes	No
Allergies			Epilepsy/Seizures		
Asthma			Hearing Disorder		
Bone or Joint Disease			Heart Disease		
Concussion History			Lung Disease		
Contact Lens/Glasses			Poliomyelitis		
Diabetes			Tetanus Booster may be given		

Explain "Yes" answers from above

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct

Parent Signature _____ **Date** _____

EXAMINATION (to be completed by MD, DO, PA, or NP ONLY)

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	Normal	Abnormal Findings	Normal	Abnormal Findings
General Condition			Lymph Nodes	
Abdomen			Neck	
Ears			Neurologic	
Eyes			Shoulder/Arm	
Heart			Skin	
Lungs			Spine	

- Cleared For Sports Without Restriction
- Cleared For Sports Without Restriction With Recommendations For Further Evaluation or Treatment For _____
- Not Cleared For Sports

Provide printed name, address and phone number of Medical Provider below

Office Stamp Preferred

Provider Signature _____ Date of Exam _____

(MD, DO, PA or NP Only)