

Ardrossan Bisons 2019 Football Medical Form

Physical Examination to be filled out by a doctor prior to August 26, 2019

Examining Physician: _____ Examining Physician's Signature: _____

Phone Number: (____) _____ Date: _____

PLAYER EXAMINATION

PLAYER NAME: _____

Height ((ft./in.): _____ Weight (lbs.): _____ BP: _____ Resting Pulse: _____

EENT: _____ TEETH: _____

CHEST: _____

CARDIOVASCULAR (pulses, heart sound, and murmurs): _____

ABDOMINAL (organomegaly, hernias, genitals): CNS: DTR's: _____

SKIN: _____

MUSCULOSKELETAL (Please note any evidence of prior injury, instability or loss of flexibility):

HAND/WRIST: _____ ELBOW: _____

SHOULDER: _____ NECK/BACK: _____

HIP/PELVIS: _____ KNEE: _____

ANKLE/FEET: _____

ADDITIONAL COMMENTS/ABNORMAL FINDINGS: _____

LABORATORY (If indicated): CBC: _____ Urine: _____

Others as indicated: _____

CLEARANCE FOR PARTICIPATION:

No restrictions (contact/collision) _____ Limited contact/impact: _____

Non-contact: Strenuous: _____ Moderate: _____ Non-strenuous: _____ Needs further consultation/tests:

Not fit: _____

Recommendations prior to participation: _____

INFORMATION RELEASE CONSENT:

I the undersigned (or my parent/guardian) consent to the release of the information contained in this medical report to Ardrossan Bisons Football and Football Alberta or contracted agents for the purposes of my participation in programs offered within the sport of football.

PLAYER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ (If player is under the age of 18)

DATE: _____