

**RED LION YOUTH FOOTBALL**  
**PHYSICAL EXAMINATION FORM**  
**2011 SEASON**

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

1. Body Type: Slender    Medium    Heavy
2. Orthopedics:
  - a. Postural Study, including extremities, feet and scoliosis screen:
  - b. Flexibility, including hamstrings and quad muscles:
  - c. Body Strength:
    - i. Upper Extremities
      1. Symmetrical
      2. Asymmetrical
    - ii. Lower Extremities
      1. Symmetrical
      2. Asymmetrical
  - d. Joint Stability and Range of Motion:
    - i. Anterior/Posterior Cruciate Ligament Test:
    - ii. Medial and Lateral Collateral Ligament Test:
    - iii. Shoulder/Ankle and Other Joint Instability Test:
3. Tuberculosis Test: Immunization Status:
4. Eyes:
5. Ears:
6. Nose:
7. Throat and Mouth:
8. Neck:
9. Rib Cage:
10. Heart:
11. Lungs:
12. Abdomen:
13. Genitalia:
  - a. Hernia:
  - b. Testicles
14. Neurological:
15. Body fat percentage:

Comments on any abnormalities, including allergies or medications:

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Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_