



Monterey Bay Youth Football League

2025 PHYSICAL EXAM FORM

Date of Physical: _____ (Physicals before 3/1/2025 will not be accepted)

Participants Name: _____ Age: _____ D.O.B.: _____

Division of Play: _____ Team Name: _____

MEDICAL HISTORY:

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head injuries within past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgery within past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tetanus (shot date) Current Medications Remarks
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	History of heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Repeated bone or joint injuries	<input type="checkbox"/>	<input type="checkbox"/>	Kidney diseases/infections	<input type="checkbox"/>	<input type="checkbox"/>	
Fractures within past year	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Dental braces or bridges	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Tendency	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	

VITALS:

Blood Pressure _____ Respiration _____ Weight _____

Height _____ Pulse _____ Temperature _____

SYSTEMS REVIEW:

HEART: _____ EARS: _____ LUNGS: _____

NOSE: _____ ABDOMEN: _____ THROAT: _____

EYES: _____

HERNIA:

Umbilical / Inguinal: _____

POSTURE / RANGE OF MOTION:

Cervical Thoracic / Lumbar: _____

Extremities:

Upper: _____

Lower: _____

DOCTORS NAME (Printed): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



The above-listed child does not have any physical ailment that would prevent them from participating in cheerleading or flag/tackle football.

DOCTORS SIGNATURE: _____ DATE: _____