



PO BOX 291806
 PHELAN, CA 92329
 Website: www.hdyfc.org

**SUBSTITUTE MEDICAL FORM
 2009 SEASON
 (COMPLETE AND RETURN FORM TO LOCAL
 CHAPTER OFFICIALS)**

THIS FORM SATISFIES SECTION V OF PLAYER'S SEASON CONTRACT AND MUST BE COMPLETED BY A QUALIFIED DOCTOR OF MEDICINE, DOCTOR OF OSTEOPATHY, NURSE PRACTITIONER, PHYSICIAN'S ASSISTANT, OR CHIROPRACTOR AS DESCRIBED IN THE HIGH DESERT YOUTH FOOTBALL AND CHEER CONFERENCE'S OFFICIAL RULE BOOK, ARTICLE III, SECTION C, RULE 2. THIS RECORD OF PHYSICAL EXAMINATION MUST BE WITHIN THE PAST FOUR (4) MONTHS OF REGISTRATION.

SECTION 1: IDENTIFICATION

Last Name	First Name	Middle	Suffix (Sr., Jr., etc.)
Address		City	Zip
Birth date	Age	Home Phone	Cell Phone

SECTION 2: MEDICAL EXAMINATION

Height _____ Weight _____ % Body Fat (optional) _____ BP _____/____ (____/____, ____/____)

MEDICAL	NORMAL	ABNORMAL FINDINGS
Ears		
Nose		
Teeth		
Abdomen		
Extremities		
Heart		
Lungs		
Hernia		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named player, and, on the basis of such evaluation and the player's HEALTH HISTORY, certify that, except as specified below, the player is physically fit to participate in Practices, Scrimmages, and/or Contests in the sport(s) consented to by the player's parent/guardian.

While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirements for participation in this youth football program.

Individual examined by me this date is considered not physically qualified to participate in this youth football program for the following reasons:

Medical Examiner's Printed Name: _____

Address _____ Phone (____) _____

Medical Examiner's Signature _____

RESERVED FOR MEDICAL OFFICE'S STAMP (REQUIRED)