



**GWINNETT LACROSSE LEAGUE
PHYSICAL EXAMINATION FORM
Year: 2011**



THE GWINNETT LACROSSE LEAGUE

I certify that I examined _____ and recommended him/her to be physically able to compete in lacrosse contests. The following points were particularly checked and the condition noted as follows:

HEART Before exercise _____
 Immediately after exercise _____
 After brief period _____
 Blood pressure _____
 Murmurs _____

LUNGS Is there a history of:
 Chronic Cough: _____
 Other Condition: _____

Weight in its relation to height (according to an accepted chart such B.T. Baldwin and G.D. Wood)

Weight _____ Height: _____

GENERAL CONDITION Excellent: _____
 Good: _____
 Fair: _____
 Below Par: _____

Physician (MD, DO, or PA only) _____ Date: _____

Provide printed name, address, and phone number of medical provider. Office stamp preferred.

MEDICAL HISTORY (Completed by Parent)

Past History: (check all that apply)

Poliomyelitis _____	Asthma _____
Bone or joint disease _____	Heart Disease _____
Diabetes _____	Lung Disease _____
Kidney Disease _____	Head Injury _____
Epilepsy/Convulsions _____	Hearing Disorder _____
Allergies <input type="checkbox"/>	

Tetanus: Booster may be given: Yes _____ No _____
 Do you wear contact lenses/glasses/hearing aids? Yes _____ No _____

Explain: _____

AUTHORIZATION

In case of an emergency or accident during any Gwinnett Lacrosse League activity involving my child _____ which in the opinion of the Gwinnett Lacrosse League authorities present requires immediate medical or surgical attention, I hereby grant permission to said Gwinnett Lacrosse League authorities to obtain the service of a physician or to transport said child to the hospital if it is deemed necessary by Gwinnett Lacrosse League authorities. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise or until later request otherwise.

Parent/Guardian

Date