



Pine-Richland Youth Football and Cheer - 2026 Season

Physical (Health & Fitness Evaluation) Form

All children participating in PRUYFaC activities must have a current physical, administered and signed by a **medical doctor** prior to any involvement in any sponsored events.

Please turn in by **July 1st, 2026**. Your child will not be permitted to practice until this form is received.

Name of Child _____		
Birth Date _____		
Names of Parents / Guardians _____		
Regarding Athlete		
Have any injuries occurred within the past year requiring medical attention? If YES, explain: _____		YES
		NO
Had rheumatic fever or heart murmur? If YES, explain: _____		YES
		NO
Has been under physician's care for illness or surgery? If YES, explain: _____		YES
		NO
Wear glasses or contacts? YES-glasses YES-contacts NO		
Take medication? If YES, explain: _____		YES
		NO
Has Allergies? If YES, explain: _____		YES
		NO
If Yes, does your child carry/need an EpiPen? YES NO		
Hospital preference, in case of emergency: _____		
Parent/Guardian Signature and Date _____		
Physician MUST complete section below		

Height	Weight	Pulse	Blood Pressure
Physician comments on medical history			
Limitations?	YES NO	If YES, explain:	

I certify that I have on this date examined this athlete and find him/her physically able to participate in PRUYFaC supervised activities.

Examining Physician _____

Date _____