



PIFL Physical Form

This form must be completed and returned prior to first workout, and the physical can not be more than a year old by the end of season being played.

Name _____ Age _____

Address _____ State _____

Zip Code _____ Date of Exam _____ (valid for 3 months)

Please indicate Middle School attending: _____

To be completed by physician:

Height _____ Appearance _____

Weight _____ Skin _____

B/P _____ Respiratory _____

Pulse _____ Cardiac _____

Detail limitations, conditions, or regular medication (OTC or RX)

I have recently examined the above named athlete and find him to be in good physical condition and fully able to participate in all the activities for Premier Intermediate Football League.

Medical Signature _____ **Date** _____

Insurance

Major Medical Insurance Company _____

Policy Number _____ State _____ Holder _____