

*North Country Junior Falcon Football Physical Form*  
(New Physical Needed Every Other Year of Playing)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Current conditions under treatment: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Ears: \_\_\_\_\_ Throat: \_\_\_\_\_

Chest: \_\_\_\_\_ Breast: \_\_\_\_\_

Nose: \_\_\_\_\_ Heart: \_\_\_\_\_

Teeth: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Extremities: \_\_\_\_\_

Skin, Bones, Joints and Muscle: \_\_\_\_\_

Urine: Albumin: \_\_\_\_\_ Sugar: \_\_\_\_\_

Family History of disease IE: (Please Circle)

*Diabetes*

*Heart Disease*

*Asthma*

*High Blood Pressure*

Physician may elaborate on any of the above conditions: \_\_\_\_\_

Immunizations up to date: \_\_\_\_\_

Restrictions: \_\_\_\_\_

No Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature