Youth Sports Physical Form

Athlete's Name: ________________________

- **Date of Birth:** __________ **Age:** _______
- **Address:** _________________________________
- **School:** ___________________________________
- **Sport:** ____________________________________

Medical Conditions:

- **Allergies:** ____
- **Past Surgeries:** _____________________________________
- **Current Medication:** _______________________________

Physical Fitness Questionnaire:

Question	Yes	No
Has the athlete ever passed out during sports?	[ ]	[ ]
Is there a history of heart disease in the family?	[ ]	[ ]
Does the athlete have any existing injuries?	[ ]	[ ]
Has the athlete had a concussion in the past year?	[ ]	[ ]

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