



2023 PHYSICAL FITNESS & MEDICAL HISTORY FORM



This form is to be dated after January 1, 2023. No other Florida Elite physical document is acceptable. Physical exam section must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, doctor of order, etc.).

Participant Information: _____ DATE OF EXAM: ____/____/____

Name: _____ Sex: Male Female Age: _____ Date of birth: ____/____/____

Grade: _____ School: _____ Sport(s): _____

Address: _____ Phone: _____

Parent/Guardian Name: _____ Signature: _____

Physical Exam Section:

Name: _____		Date of birth: _____	
Height: _____	Weight: _____	% Body fat (optional): _____	Pulse: _____ BP: ____/____ (____/____)
Vision R 20/ _____	L 20/ _____	Corrected: <input type="checkbox"/> YES <input type="checkbox"/> NO	Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal
EMERGENCY INFORMATION:			
Drug Allergies: _____			
Other Information: _____			

	NORMAL	SKIPPED	ABNORMAL FINDINGS	INITIALS*
MEDICAL				
Appearance	<input type="checkbox"/>	<input type="checkbox"/>		
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>		
Heart	<input type="checkbox"/>	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		
Skin	<input type="checkbox"/>	<input type="checkbox"/>		
Genitalia (males only)**	<input type="checkbox"/>	<input type="checkbox"/>		
MUSCULOSKELETAL				
Neck	<input type="checkbox"/>	<input type="checkbox"/>		
Back	<input type="checkbox"/>	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>	<input type="checkbox"/>		
Knee	<input type="checkbox"/>	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>	<input type="checkbox"/>		
Foot	<input type="checkbox"/>	<input type="checkbox"/>		

I hereby certify that I am a licensed state examiner and have examined the above-named individual and understand that he/she will be participating in Florida Elite football and cheer programs. I hereby attest that this individual is physically fit, and I have found no medical reason which would prevent this individual from participating; therefore, I am clearing this individual for athletic participation without limitation.

Print Name Clearly _____ Signature: _____ Date: ____/____/____

Office Address: _____ MEDICAL STAMP IN THE AREA BELOW