East County Little League

P.O. Box 313, Oakley, CA 94561 Phone: (925) 625-6226

DOCTOR'S PHYSICAL FORM

(Use of this form is optional. Your doctor may use their own form if they prefer. If you will be having your **Parents: Please complete the top portion of this form (one for each child registered), prior to the Physical Date.**

Child's Name _____ Age _____ Date of Birth _____

Address _____ Sex _____ Phone _____

Parents _____ Family Doctor (Name & Phone) _____

Division: _____ Baseball / Softball (circle one) Team: _____

Medical History: Answer Yes or No with details and dates. Use reverse side if necessary.

1) Have you ever had an injury that prevented you from playing sports for more than one day?

2) Have you ever had surgery?

- fractured a bone or suffered injuries to the skull, neck, back legs, toes, arms, or fingers, such as a concussion, sprains, muscle pulls, dislocations, ligament tears, deep bruises, or catching or locking of the knee?

- had pain, numbness, or any other sensations anywhere in the body?

- fainted or had heatstroke?

3) **Do you have a history of and/or take medicine for any medical problems such as (circle)**

Abnormal bleeding or bruising Allergies Anemia Asthma Diabetes Fainting Hearing Impairment
Heart murmurs or palpitations Hepatitis Hernia High or Low blood sugar Hypertension Loss of Eyesight
Mononucleosis Rheumatic fever Seizures Severe Influenza or colds Shortness of breath Sickle-cell disease
Skin disease (such as boils or rash) Undescended testicle Weakness Wheezing Yellow jaundice
Other (specify and give dates)

4) Are you allergic to any medicines such as penicillin, iodine, Novocain, or others?

5) Have medically unexplained deaths or sudden deaths from heart attack occurred in family members younger than age 50?

6) Last menstrual period

Immunization Dates: Polio: _____ Tetanus: _____

Parental Authorization: I/We understand that participation in baseball or softball may result in serious injury to **my**/**our** child; and that protective equipment cannot prevent all such injuries to players. In case of emergency, if the above-named family physician cannot be reached, **I/We** hereby authorize the above-named child to be treated by any other licensed physician who is available.

Parent's Signature: _____ Date: _____

Physician: Please complete the remainder of this form

Height: _____ Weight: _____ Blood Pressure: _____

Respiratory: _____

Cardiovascular: _____

Liver: _____ Spleen: _____ Hernia: _____

Musculoskeletal: _____

Neurological: _____

Other/Comments_____

In my opinion, _____ is physically able to participate in Little League baseball/softball.

Date of Last Full Examination: _____ Date This Form Prepared: _____

Physicians Signature: _____Phone: _____

Physicians' Printed Name, Address, and Phone: _____

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