

Lady Lions Cheer
2024 Physical History & Medical History Form

Special Note: This form is to be dated after October 1, 2023 and then submitted to Lady Lions Cheer. No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last	First	Middle	
Address	City	State	Zip
Telephone Number	Date of Birth	Male or Female	
Name of Primary Medical Insurance		Policy Number	
Membership Number	Name of Primary Insured		
Does the primary insured have Medicaid? _____			
Does the primary insured have Medicare? _____			

PARTICIPANT MEDICAL HISTORY

	YES	NO
1. Are there any injuries requiring medical attention?	_____	_____
2. Are there any past or scheduled surgeries?	_____	_____
3. Is there any history of concussions and/or head injuries?	_____	_____
4. Is the participant currently under the care of a medical practitioner?	_____	_____
5. Is the participant currently taking any medications?	_____	_____
6. Does the participant have any allergies (penicillin, bee stings, etc)?	_____	_____
7. Does the participant have asthma/require the use of an inhaler?	_____	_____
8. Is the participant diabetic/require medication for diabetes?	_____	_____
9. Does the participant carry sickle cell trait/suffer from sickle cell disease?	_____	_____
10. Does the participant currently require medication?	_____	_____
11. Does/has the participant have/had seizures?	_____	_____
12. Does the participant wear glasses or contact lenses?	_____	_____
13. Does the participant wear a brace or other medical support device?	_____	_____

14. Does the participant have any other physical limitations or medical conditions?

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity:

I certify that this information is accurate. I understand that in the event of injury, illness or accident my child may not be cleared for participation. I acknowledge that it is my responsibility to inform my child’s coach and Lady Lions Cheer in writing if there is any change in my child’s medical condition. I also understand it is my responsibility to obtain written permission from my child’s physician on official medical stationary to resume participation after any and all injury, illness or accident.

Signature of Parent or Legal Gaurdian

Print Name

Date

Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER October 1 ST of the CURRENT CALENDAR YEAR.

This form must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form).

Name of Participant _____

Please check if the following are healthy or note other wise

		Yes	No
Height: _____	Ears	_____	_____
Weight: _____	Respiratory	_____	_____
	Musculoskeletal	_____	_____
	Mouth	_____	_____
	Cardiovascular	_____	_____
	Dermatological	_____	_____
	Eyes	_____	_____
	Nose & Throat	_____	_____
	Neurological	_____	_____
	Blood Pressure	_____	_____

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 Lady Lions Cheer program. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Lady Lions Cheer activities for the 2024 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O., R.N., etc.) _____

Yes

No

Are you licensed in your state to perform physical examinations? _____

Today's Date _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature

Printed Name

Street Address

City

State

Zip

Phone

Fax

Email/Website (optional)