

Central Maryland Christian Crusaders

Medical Evaluation for participation in Cheerleading

Part 1: To be completed by Parent or Guardian and submitted to the physician before the physical exam.

Student's Name: _____ Date of Birth: _____

List all known pre-existing conditions, prior injuries or congenital problems: _____

List all known allergies: _____

Medications currently taking: _____

Wears contacts: Yes No

Insurance Provider: _____ Policy Number: _____

Parent Signature: _____ Date: _____

Part 2: To be completed by the examining physician:

Examining Physician: _____ Physical Examination Date: _____

Height: _____ Weight: _____ Blood Pressure: _____

Identify if normal or abnormal, please explain any abnormal findings:

Vision: _____ Hearing: _____

Oropharynx: _____ Respiratory: _____

Neuromuscular: _____ Cardiovascular: _____

Spine: _____ Skin: _____

Additional explanations of abnormal findings: _____

I have examined the student, reviewed the above history,
and find her physically able to participate in all aspects of cheerleading for the season of 20 .

Physician Signature: _____ Phone: _____ Date: _____