



CITY OF MISHAWAKA



DAVE WOOD, MAYOR

DEPARTMENT OF PARKS & RECREATION

Name _____ M ___ F ___ Birthdate _____ Grade _____
Last First Middle

Disease History: (Give approximate date of diagnosis) Chicken Pox _____ Strep Infections _____ Otitis _____

History of serious illness injury or surgery: (check and state treatment)

Asthma _____ Diabetes _____
Heart/circulatory _____ Neurological/Seizures _____
Allergies _____
Orthopedic (past and present) _____
Other _____ Bee Sting (allergy) _____

Medications: (Name and Dosage) _____

Immunizations: (Give date of each dose given)

(Primary) (Boosters)

DPT	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
Tetanus	(1) _____	(2) _____	(3) _____	_____	_____
DT	(1) _____	(2) _____	(3) _____	_____	_____
OPV and/or IPV	(1) _____	(2) _____	(3) _____	_____	_____
MMR	(1) _____	(2) _____	_____	or Measles #2 _____	_____
Hepatitis B	(1) _____	(2) _____	(3) _____	_____	_____
Other	_____	_____	_____	_____	_____

Lead Poisoning: Tested _____ Not Tested _____ Negative _____ Positive _____
Sickle Cell Anemia: Tested _____ Not Tested _____ Negative _____ Positive _____
TB Skin Test: Date _____ Type _____ Negative _____ Positive _____

Physician's Examination:

Height _____ Weight _____ Blood Pressure _____
Posture _____ Heart _____
Nutrition _____ Lungs _____
Eyes _____ Abdomen _____
Visual Acuity _____ Hernia _____
Ears _____ Orthopedic _____
Hearing (gross) _____ Reflexes _____
Nose _____ Skin _____
Throat _____ Urinalysis _____
Glands _____

Based on my examination of this child, I deem him/her physically fit to participate in the **Mishawaka Youth Tackle Football League.**

Physician's Typed or Printed Name

Physician's Signature

Date