



DELAWARE DUCKS FOOTBALL

PHYSICAL FORM

PARTICIPANT INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

City State and Zip \_\_\_\_\_

TO BE FILLED IN BY DOCTOR

Date of Physical Exam \_\_\_\_\_ (must be after 8/1/2021)

Height \_\_\_\_\_ Weight \_\_\_\_\_

Passed \_\_\_ Rejected \_\_\_ (Reason) \_\_\_\_\_

REMARKS OR RESTRICTIONS (please note any medications):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_