



Note to the medical practitioner

Your patient is seeking approval from the Yarra Junior Football League to play in a year group below their year of birth.

To assist us in making a determination as to their suitability, we request that you provide us measurements of their size and weight and, to the best of your knowledge, details of their medical history which may need to be taken into consideration.

Name of Practitioner

Address

Qualifications

Registration Number

Date of consultation

Signature

Medical Report

Name:

Date of Birth

Height (cm)

Percentile for Age

Weight (kg)

Percentile for Age

Developmental Issues

List any developmental issues:

Does this impact your patient's ability to compete at their own age level? YES/NO

If yes, how?

Physical Disabilities

List any physical disabilities

Does this impact your patient's ability to compete at their own age level? YES/NO

If yes, how?

Psychological Issues

List any psychological issues

Does this impact your patient's ability to compete at their own age level? YES/NO

If yes, how?

Treatment history – Football Related (concussion, broken bones, etc.)

Any other medical considerations