



PHYSICAL EXAM FORM 2017

Team Chapter: _____ **Date of Physical:** _____

Candidate's Name _____ Age _____ D.O.B. ____/____/____

Address _____ City _____ State _____

VITALS:

Weight: _____ **Height:** _____ **Pulse:** _____ **Blood Pressure:** _____

I certify that I have on this date examined this child and that, on the basis of the examination requested and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this child to compete in unrestricted athletic activities. This participant is therefore cleared for participation in youth tackle football, cheer, dance or any other athletic activity(s).

DOCTORS NAME (Printed): _____

DOCTORS SIGNATURE: _____

DOCTORS PH#: () _____



PLEASE NOTE: If this Medical Clearance is voided by injury, accident, illness, and/or the participant is removed from any participation as a result of a suspected concussion or heat related illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation.