



## MEDICAL EXAMINATION (BY QUALIFIED DOCTOR OF MEDICINE)

Player/Cheerleader Name: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Heart  Ears  Nose  Teeth  Abdomen  Extremities  Hernia

Remarks: \_\_\_\_\_

[ ] While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirements for participation in this your football program.

[ ] Individual examined by me this date is considered **NOT** physically qualified to participate in this youth football program for the following reasons.

\_\_\_\_\_  
\_\_\_\_\_

Examining Dr. \_\_\_\_\_

Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

### **\*IMPORTANT NOTE\***

This medical release form is valid **ONLY** when returned with the examining Doctors stamp below!!!!