

MILPITAS KNIGHTS P.A.L. FOOTBALL & CHEER

1275 MILPITAS BLVD. MILPITAS, CA 95035
HOME FIELD - MILPITAS SPORTS COMPLEX



MEDICAL EXAM FORM

PARTICIPANT'S LEGAL NAME *(must match birth certificate)*:

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____

THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL:

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that the above named will participate in the Milpitas Knights PAL Football/Cheer program. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Milpitas Knights PAL activities for the upcoming tackle football or cheer season. I am therefore clearing this individual for all athletic participation without limitation.

MEDICAL PROFESSIONAL'S SIGNATURE: _____

MEDICAL PROFESSIONAL'S PRINTED NAME: _____

Medical Office Stamp or
Medical License Number with Address

STAMP HERE

**This form must be dated after January 1ST
of the current football/cheer season year.*

TODAY'S DATE: _____

HEIGHT: _____

WEIGHT: _____