



JR. COUGARS

# Physical Form



(Must be for this Calendar Year, dated after April 15th)

Our team doctor will be available for physicals at the first football equipment handout for a small fee.  
This is open to both Cheer and Football players.

## MEDICAL CLEARANCE EXAMINATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
*For football players only*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any Known Allergies? Yes  No  *If yes, please list allergies*

Any Known Disabilities? Yes  No  *If yes, please list any*

This examination does not constitute a complete medical examination, it does, on this date, based upon my observations, meet the requirements for the above named child to participate in the following:

**Tackle Football** Yes  No

**Cheerleader** Yes  No

Doctor's Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Physicians Statement of Health:

I certify that I have examined \_\_\_\_\_

And have found no gross evidence of any abnormality that will keep him/her from participating in the Youth Sports Program.

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_