



Team: \_\_\_\_\_

Level: F / S / JV / V

Football / Cheer

## Physician's Statement Form

Name \_\_\_\_\_

Team \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Heart Rate \_\_\_\_\_

Lungs \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Ears \_\_\_\_\_

Eyes \_\_\_\_\_ Skin \_\_\_\_\_ Extremities \_\_\_\_\_ Feet \_\_\_\_\_

Additional Remarks:

Cleared to play TACKLE FOOTBALL or CHEER: YES \_\_\_\_\_ NO \_\_\_\_\_

Examined by \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Official Office Stamp: