

NORTH BAY YOUTH FOOTBALL AND CHEER

Association Name



2015 MEDICAL CLEARANCE EXAMINATION

Name of Player or Cheerleader

Age

Division

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 tackle football and/or cheerleading: This medical clearance must be dated no earlier than March 1, 2015.

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

ADDITIONAL REMARKS: _____

Doctor's Signature

Date

() _____
Phone #