

WOLVERINE YOUTH FOOTBALL ASSOCIATION

THIS FORM IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Name of Participant: _____

(Please check the following if healthy or note otherwise)

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Musculoskeletal	Dermatological	Blood Pressure

I here by certify that I am a licensed state examiner and examined the above named individual on: _____ (date of last physical). I understand that he/she will be participating in the Wolverine Youth Association program in the sport of: Football/Cheerleading (circle one).

I hereby swear and attest that this individual was physically fit and I found no medical reason which would prevent him/her from safely participating in the Wolverine activities for the 2010 season. I am therefore clearing this individual for the athletic participation without limitation.

The above named participant has an annual physical scheduled on: _____

Please place medical professional stamp here or fill out the following:

Signed: _____ Date: _____

Print Name: _____

Please indicate medical Profession (MD, DO, NP, etc): _____

Address: _____

Telephone: _____ Fax: _____

This form must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state)