



NORTH CREEK JAGUARS
NORTH CREEK JUNIOR FOOTBALL
2018 Doctor's Physical Fitness Form



THIS FORM MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

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 hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in tackle football, cheer or dance programs. 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 North Creek Junior Football Association activities for the 2018 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O., R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES NO

Dated: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax: _____

Email/Website: Email _____ (Optional)

This form must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form).