



# Physicians Statement Form

Name \_\_\_\_\_

Team \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Nose \_\_\_\_\_

Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Ears \_\_\_\_\_

Hernia \_\_\_\_\_ Skin \_\_\_\_\_ Extremities \_\_\_\_\_ Feet \_\_\_\_\_

Remarks:

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

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

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

Official Office Stamp:

