

LJFL BULLS FOOTBALL AND CHEER



MEDICAL EXAM FORM

This form must be dated after January 1ST of the current football/cheer season year

PARTICIPANT'S LEGAL NAME (must match birth certificate):

LAST: _____ . FIRST: _____ MIDDLE: _____

DATE OF BIRTH: _____

THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL:

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that the above named will participate in the LJFL BULLS Football/Cheer program. 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 LJFL BULLS Football/Chee activities for the upcoming tackle football or cheer season. I am therefore clearing this individual for all athletic participation without limitation.

MEDICAL PROFESSIONAL'S SIGNATURE: _____

Medical Office Stamp (if applicable):

STAMP HERE

TODAY'S DATE: _____

HEIGHT: _____

WEIGHT: _____