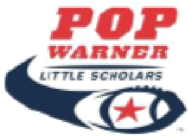

Pop Warner Little Scholars, Inc.

2026 PHYSICAL FITNESS & MEDICAL HISTORY FORM

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

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 Section II is modified or substituted 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).

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 participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2026 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 ☐

Today's Date:________________________

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)