



CLEVELAND MUNY FOOTBALL
Medical Clearance Form / Pre-participation Physical Exam
(to be completed by Physician)

ASSOCIATION NAME - _____

Complete by Parent

Medical Clearance Form - Must be dated after January 1st of the Current Season / **Date of Exam** _____

Legal Name: Last _____ **First** _____ **MI** _____

Date of Birth: _____ **Phone:** _____

Gender: _____ **Sport:** _____

Parent Name: _____ **Phone:** _____

Name of Medical Insurance Carrier _____ **Policy #** _____

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Complete by Physician

Height _____ **Weight** _____ **BP** _____ **Pulse** _____

Vision R 20/ _____ **L20/** _____ **Corrected** ____ **Yes** ____ **No**

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of _____ and am qualified in determining that:

(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, or athletic activities.

Should there be any limitations placed on athletic participation in tackle football, flag football or cheer?
 Yes No

I am therefore clearing this individual for athletic participation. Yes No (if no specify reason on back)

Please Print - or - Use Office Stamp Here:

<p><i>Signature:</i></p> <p>_____</p> <p>Date: / /</p> <p><i>(Must be dated after January 1st, of the Current Season)</i></p> <p>_____</p>	<p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p> <p>_____</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her State Licensed Medical Examiner to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.