



**Doctor's Physical Examination Form**

**Every football player must return this form prior to August 1<sup>st</sup>  
No player will be allowed to participate without an approval from his or her doctor.  
No exceptions will be made.**

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Player's name: \_\_\_\_\_ LEVEL: FLAG MM PW JR SR (circle one)

I am familiar with the medical history and present condition of the above named child.

**This child's fitness to play in a junior tackle football program is as follows:**

\_\_\_\_\_ Fit, no restrictions

\_\_\_\_\_ Participation not recommended

\_\_\_\_\_ Yes, this child can participate, however coaches should be aware of the following conditions:

Explanation:

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Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail or email completed forms no later than August 1<sup>st</sup> to the following address or

**Bring to equipment pickup or Mail:  
Cardinal Jr Football  
P.O. Box 446 Westwood, New Jersey 07675**