

# NORTH BAY YOUTH FOOTBALL AND CHEER

\_\_\_\_\_  
Association Name

## 2010 MEDICAL CLEARANCE EXAMINATION

\_\_\_\_\_  
Name of Player or Cheerleader

\_\_\_\_\_  
Age

\_\_\_\_\_  
Division

This examination does not constitute a complete medical examination; it does, on this date, based upon my observations, meet the requirements for the above named child to participate in tackle football and/or cheerleading: This medical clearance must be dated no earlier than March 1, 2010

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

(\_\_\_\_)\_\_\_\_\_  
Phone #