



## PHYSICIAN'S EXAMINATION FORM

Players must undergo a thorough physical examination by a licensed medical authority prior to the first practice. **The physical exam is valid for 24 months, but a completed and signed form must be submitted to the Club EACH SEASON (i.e. If the player had a physical exam 12 months ago, the doctor just needs to complete this form and sign).**

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Since the date of the last complete physical examination recorded above, my son/daughter has had no significant illness or injuries. In the belief that said physical examination reflects his/her continued fitness to participate in the Issaquah Youth Football program, I give my permission for him/her to participate. I understand that the Issaquah Youth Football Organization, its directors, coaches, and assistants will not be responsible for any injuries suffered in connection with participation in the program.

Date of last physical examination: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Portion below the line is to be completed by licensed medical authority***

### PHYSICIAN'S EXAMINATION

Date of physical examination: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

#### Medical Authority Certification

I have examined the above-named athlete and completed a pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the tackle football. A copy of the physical exam is on record in my office and can be made available to the Club at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Medical Authority Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_