



# Medical Clearance Form

- The physical must be for this Calendar Year and dated after April 1st.

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Any Known Disabilities: \_\_\_\_\_

Physician's Statement of Health: (Must be completed by a medical doctor)

I certify that I have examined \_\_\_\_\_  
And have found no gross evidence of any abnormality that will keep him /  
her from participating in the Nevada Union Jr. Miners youth tackle football  
& cheer program.

Physician's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Physician's Stamp (required)