

## Nevada Union Junior Miners, Inc. www.jrminers.org PO Box 2017 | Grass Valley, CA | 95945



## **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: (Mus	t be completed by a medical doctor)
I certify that I have examined and have found no gross evidence of a her from participating in the Nevada U & cheer program.	any abnormality that will keep him /
Physician's Name:	
Address:	
Phone:	
Signature:	Date:
Physician's Stamp (required inside the	e box)