J.A.A.F.S.C.

Medical Examination Form

Season 20___

This form satisfies Section IV of Player's Season Contract. This form MUST be completed by a qualified Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner or Physician's Assistant as described in rules, Article III, Section C, and Certification #2.)

J.A.A.F.S.C. Chapter _____ Team Name _____

Last Name	First Name	Middle	Birth Date	Age	Phone

Address _____ City, State _____ Zip code _____

Height _____

Weight _____

Blood Pressure _____

- ☐ Heart
- ☐ Ears
- ☐ Nose
- ☐ Teeth
- ☐ Abdomen
- ☐ Extremities
- ☐ Hernia

Remarks: _____

_____

( ) While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observations, meet the requirements for participation in this youth football program.

( ) Individual examined by me on this date is considered not physically qualified to participate in this youth football program for the following reasons:

_____
Explanation

Examining Dr. _____ Office Phone _____
Signature

Date: _____

Stamp required