INLAND EMPIRE JAAF & CHEER
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SUBSTITUTE MEDICAL FORM
2005 SEASON

(COMPLETE AND RETURN FORM TO LOCAL CHAPTER OFFICIALS)

THIS FORM SATISFIES SECTION IV OF PLAYER'S SEASON CONTRACT AND MUST BE COMPLETED BY A QUALIFIED DOCTOR OF MEDICINE, DOCTOR OF OSTEOPATHY, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT AS DESCRIBED IN THE INLAND EMPIRE CONFERENCE'S OFFICIAL RULE BOOK, ARCTICLE III, SECTION C, RULE 3. THIS RECORD OF PHYSICAL EXAMINATION MUST BE WITHIN THE PAST FOUR (4) MONTHS OF REGISTRATION.

SECTION I IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE	SUFFIX (Sr., Jr., etc.)
BIRTH DATE	AGE	HOME PHONE	
ADDRESS	CITY	ZIP	

SECTION II MEDICAL EXAMINATION (BY QUALIFYING MEDICAL PRACTITIONER)

HEIGHT:___ft. -___in.	WEIGHT: ___lbs.	BLOOD PRESSURE: ___/ ___

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

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

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

Medical Examiner's Signature	Medical Examiner's Printed Name	Phone	Date

RESERVED FOR MEDICAL OFFICE'S STAMP (REQUIRED)