

**Doctor’s Physical Examination Form**

**Every football player must return this form prior to August 1st**

**No player will be allowed to participate without an approval from his or her doctor.**

**No exceptions will be made.**

Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEVEL: FLAG MM PW JR SR (circle one)

I am familiar with the medical history and present condition of the above named child.

**This child’s fitness to play in a junior tackle football program is as follows:**

\_\_\_\_\_\_\_\_ Fit, no restrictions

\_\_\_\_\_\_\_\_ Participation not recommended

\_\_\_\_\_\_\_\_ Yes, this child can participate, however coaches should be aware of the following conditions: Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail or email completed forms no later than August 1st to the following address or

**Email to:** **broigpr@gmail.com**

**Mail to:**

**Westwood Youth Football**

**P.O. Box 446 Westwood, New Jersey 07675**