



Medical Clearance Form

- The physical must be for this Calendar Year and dated after April 1st
- Our team physician is available to perform physicals for a fee.

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)