South Plainfield Tigers Youth Football
Medical Clearance Form

832 Kenneth Ave, South Plainfield, NJ 07080
Email: sptigersyfb@gmail.com

This form must be dated AFTER January 1st of the CURRENT SEASON

Athlete Information

Athlete Full Name: _____

Date of Birth: _____

Medical History – To Be Completed by Parent/Guardian

Does your child have a history of heart disease or fainting?	Yes	No
Has your child had any previous head injuries?	Yes	No
Does your child have any known allergies?	Yes	No

If YES, please list: _____

Is your child currently taking any medications?	Yes	No

If YES, please list: _____

THE BELOW MUST BE COMPLETED BY A LICENSED STATE MEDICAL PHYSICIAN

I hereby certify that I am a licensed state physician and have examined the above-named individual and understand that he/she will be involved in participation with South Plainfield Tigers Youth Football. I hereby swear and attest that this individual is physically fit and have found no medical reason which would prevent this individual from safely participating in youth football. I am clearing this individual for athletic participation without limitation.

Physician Name: _____

Signature: _____

Today's Date: _____

Office Stamp: