

The Doctor must sign this section and please make sure that the doctor's address and phone number are legible and the date the Doctor sign must be in this calander year.

Note: Physicals will only be accepted on **3 x 5 Yellow card stock**. This card is to be glued into the area provided on the player card. Do not use wax or a thick type of glue. No staples or tape.

3 x 5

EXAMINING PHYSICIAN'S STATEMENT

I hereby certify that _____
Name of Youth (Print)

Was examined by me on _____ / _____ , 20 _____
And found physically fit to engage in the Diablo Valley Youth Football Program.

Signature of Physician

Address (Print or Stamp Please)

Telephone #

_____/_____/_____
Date Signed