



MEDICAL CLEARANCE EXAMINATION

Name of Player or Cheerleader	Age	Level
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This examination does not constitute a complete medical examination: it does, on this date, based upon my observations, meet the requirements for the above named child to participate in tackle football and/or cheerleading: This medical clearance must be dated no earlier than March 1, of the up coming season.

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

ADDITIONAL REMARKS: _____

Doctor's Signature	Date	Telephone #
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CITY RESPONSIBILITY

The above form must be completely filled in and attached in the player card book behind the above named participant. This form when completed must be faxed to both numbers below:

Bob Iwata (925) 609-9690

Lynn Peyton (925) 831-9193

8/2011