

NA Tiger Pride Football Club

Physician's Release

Sports Participation Examination

Date: _____

To be completed by parent or legal guardian:

Child's Name: _____

Child's Birth date: _____

Team name: _____

Current Age: _____

Family Physician: _____

Home Phone: _____

Any medical concerns or conditions:

Medications: _____

Allergies: _____

To be completed by attending physician:

Weight _____ Height _____ Pulse _____ BP _____

N=normal; A=abnormal	N	A	Comments
GENERAL			
SKIN			
EYES			
MOUTH			
CHEST/LUNGS			
HEART			
ABDOMEN			
ORTHOPEDIC			
OTHER			

Recommendations: _____

____ Full Participation

____ Exclude from Participation

Signature of Physician: _____ Physician's phone number: _____

Printed Name of Physician: _____ Date: _____