



MERCED BEARS YOUTH FOOTBALL

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PHYSICAL CLEARANCE FORM

Players Name _____ R PW JV V (circle one)

Weight _____ Heart _____

Height _____ Lungs _____

Hernia _____ Eyes _____

Blood Pressure _____

Passed Physical YES NO (circle one)

Reason failed

Physician's Name _____

Address _____

Physician's Signature _____