



**Fairfield Wildcats Youth Football
Medical Form & Doctor Certification**

Player's Name _____

School (Fall 2012) _____ **Grade (Fall 2012)** _____

Date of Birth _____ **Weight** _____

I HAVE EXAMINED _____ **AND FIND**
HIM/HER PHYSICALLY FIT TO PARTICIPATE IN TACKLE OR FLAG
FOOTBALL ACTIVITIES. ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE _____ **DATE** _____

PHYSICIAN'S NAME _____
PRINT OR STAMP

MEDICAL INFORMATION (to be completed by parent)

Allergies Yes ___ **No** ___ **if yes, what** _____

Medication _____

Chronic Conditions Yes _____ **No** _____

if yes, what _____

**Important: This form must be signed by a
physician after 8/13/11 and turned in to your
coach on the first day of practice. Players will not
be permitted to practice without submitting this
form. DO NOT MAIL**