



## Fairfield Wildcats Youth Football Medical Form & Doctor Certification

Player's Name \_\_\_\_\_ School \_\_\_\_\_  
(Fall 2017) \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_  
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  
8/19/16 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