

# Greater Midland Football League

## Physical Form

Print page and provide to your doctor at the time of your child's physical.

I hereby certify that \_\_\_\_\_

(Name of player)

was examined by myself and I certify that he is physically fit for athletic competition.

HT. \_\_\_\_\_ WT. \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Examining Physician \_\_\_\_\_ Date \_\_\_\_\_