



Central Loudoun Youth Football League Athletic Participation / Physical Examination Form

Print Clearly

Male _____

Female _____

Name as Shown on Birth Certificate: (Last) (First) (Middle Initial)

Also Known As: (Last) (First) (Middle Initial)

Home Address: _____

City/Zip Code: _____

Date of Birth _____ Years of Play _____

Circle one: Football or Cheerleading

Medical Practitioner (please indicate any instructions or recommendations here)
Emergency medications required on-site
Inhaler
Epinephrine
Glucagon
Other:
Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation with CLYFL.

- CLEARED WITHOUT RESTRICTIONS
CLEARED WITH FOLLOWING NOTATION:
Cleared AFTER documented further evaluation or treatment for:
Cleared for LIMITED PARTICIPATION (explain):
"Limited Until Date" when appropriate:
NOT CLEARED FOR CLYFL PARTICIPATION: Reason

I have examined the above-named athlete and completed the CLYFL preparticipation physical examination.

Physician Signature: (MD, DO, LNP, PA) Date: Circle one

Printed Name: _____

Physician's Stamp:

*Only Signatures of Doctor of Medicine, Doctor of Osteopathic, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted