

**Medical Form & Doctor Certification  
2019 SEASON**

Required for all SVMFL Participants

**DOCTOR CERTIFICATION(to be completed by doctor):**

Player's Name: _____	Grade (Fall 2019): _____
School (Fall 2019): _____	Weight: _____
<b>I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN [ ] TACKLE FOOTBALL [ ] FLAG FOOTBALL OR [ ] CHEERLEADING ACTIVITIES.</b>	
<b>ADDITIONAL COMMENTS:</b> _____	
PHYSICIAN'S SIGNATURE: _____ (must be signed after 1/1/2019)	DATE: _____
PHYSICIAN'S NAME: _____	PHONE NUMBER: _____
<b>PRINT AND STAMP</b>	

**MEDICAL INFORMATION (to be completed by parent):**

**Allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_

**Medications?** \_\_\_\_\_

**Chronic Conditions?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_

**SVMFL Medical Form & Doctor Certification must be turned into Coach or Team Manager**