

**Medical Form & Doctor Certification  
2018 SEASON**

Required for all SVMFL Participants

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

Player's Name: \_\_\_\_\_ Grade (Fall 2018): \_\_\_\_\_

School (Fall 2018): \_\_\_\_\_ Weight: \_\_\_\_\_

I HAVE EXAMINED \_\_\_\_\_ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN  
[ ] TACKLE FOOTBALL [ ] FLAG FOOTBALL OR [ ] CHEERLEADING ACTIVITIES.

ADDITIONAL COMMENTS: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(must be signed after 1/1/2018)

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PRINT AND STAMP**

**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**