



JESUIT JR MARAUDERS

The official youth football program for Jesuit High School

Medical Clearance Form

The physical must be for this Calendar Year and dated after April 1st

Childs Name: _____ Age: _____

Date of Birth: _____

Any Known Allergies: _____

Any Known Disabilities: _____

Physician's Statement of Health: _____
(Must be completed by a medical doctor)

I certify that I have examined _____

And have found no gross evidence of any abnormality that will keep him/her from participating in the Jesuit Junior Marauders youth tackle football sports program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Physician's Stamp