



PHYSICAL EXAM & CLEARANCE

All participants must pass a sports physical examination within the last **Twelve (12)** months to be able to participate. Other sports exams within this time period will be accepted. A copy of the report or a signed note from the doctor, acknowledging the report date and results will be required. Note must be on sports club or doctor's letterhead and must include doctor's phone #. Please indicate date of last physical exam.

WRESTLERS NAME: _____ **AGE:** _____

Parent / Guardian's Name: _____ Phone: _____

Date of Physical Exam: _____ Physician Name: _____

Physician Address: _____

Note to Physician: the examining physician is requested to carefully review the history supplied by the parent on the parental consent form before examining the wrestler.

Past history pertinent to competitive sports: _____

Height: _____ Weight: _____ Hernia: _____

Heart: _____ Blood Pressure: _____ Lungs: _____

Medical Findings & Recommendations: _____

In your opinion should this child participate in the sports program listed above? Yes _____ No _____

I hereby certify that the above named child was examined by me and found physically fit to engage in wrestling.

Signed: _____ Date: _____
Physician