Area:	Division:



GOLDEN EMPIRE YOUTH FOOTBALL

Physician's Statement

This is to certify that			
Completed a basic physica	l on		and is
cleared physically to partic	cipate in the sp	ort of tackle football.	
Blood Pressure:	Pulse:	Respiration	
Height:		Weight:	
Physician's Name:			
Physician's Signature:		Date:	
Physician's Comments:			

Please note: Physicals must be conducted and forms turned in before a player may participate in preseason conditioning or contact. Physical must either be on file or presented at time of equipment requisition before any equipment will be issued.