



MERCED BEARS YOUTH FOOTBALL

PHYSICAL CLEARANCE FORM

DATE _____

PLAYERS NAME: _____ R PW JV V (CIRCLE ONE)

WEIGHT _____

HEART _____

HEIGHT _____

LUNGS _____

HERNIA _____

EYES _____

BLOOD PRESSURE _____

PASSED PHYSICAL YES NO (CIRCLE ONE)

REASON FAILED

PHYSICIAN'S NAME _____

ADDRESS _____

PHYSICIAN'S SIGNATURE _____