



A medical clearance form is required to be dated after January 1st of each year. A new physical exam is not being requested – only a doctor’s certification based on a physical exam completed within the last 12 months. Sports physicals from Minute Clinics or similar medical facilities are also acceptable. If you did not have a physical completed within the last 12 months, please consult your medical practice to complete ASAP. Your doctor’s version of this form is also acceptable.

MEDICAL CLEARANCE FORM

I certify that I am a state licensed medical practitioner and am I qualified to determine that the following youth,

_____ , is physically fit and I have found no medical or
Full Name of Minor Child
observable conditions which would contra-indicate him/her from participating in Full Contact Tackle Football, Cheerleading, or any other athletic activities with Next Level Spartans. I am therefore clearing this individual for Full Athletic Participation with Next Level Spartans.

Signature of Licensed Medical Practitioner – *Required*

Date Signed - *Required*

Printed Name - *Required*

Office Address or Provide Office Stamp Below - *Required*

IMPORTANT: If a student-athlete is injured, a new medical clearance form may be requested.