



The official youth football and cheer program for Oak Ridge High School

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th 2024

Childs Name: _____ Age: _____

Date of Birth: _____

Known Food or Drug Allergies:

Known Disabilities or Medical Conditions:

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

I certify that I have examined
Athlete's Name _____
and have found no gross evidence of any abnormality that will keep him/her from
participating in the Oak Ridge Jr. Trojans youth tackle football and/or Cheer program.

Physician's Name:

Address:

Phone: _____

Signature: _____ Date: _____

Physician's Stamp
REQUIRED

