



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 2026

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)

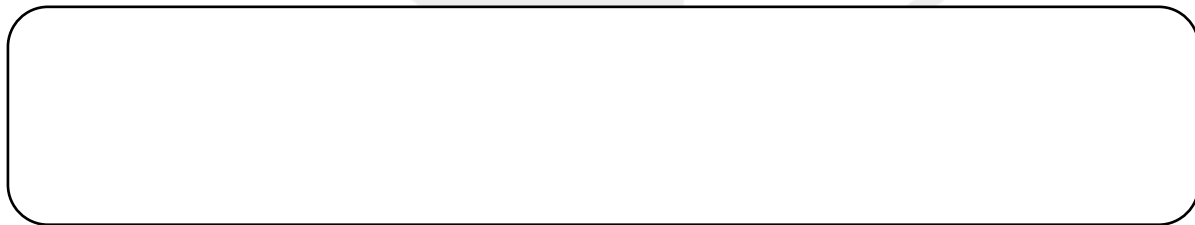
I certify that I have examined _____
and have found no gross evidence of any abnormality that will keep him/her from participating
in the ****YOUR ORGANIZATION NAME HERE**** youth tackle football and/or Cheer
program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____



Physician's Stamp (REQUIRED)

Member of the Sierra Athletic Conference League

Sierra Athletic

