



2026 CVYFL

MEDICAL EXAMINATION & CLEARANCE TO PARTICIPATE

MUST BE VALID FOR ENTIRE 2026 SEASON

PLAYER'S NAME: _____ **DOB:** _____

HEIGHT	WEIGHT	BLOOD PRESSURE	REMARKS
HEART	LUNGS	NOSE	THROAT
TEETH	ABDOMEN	HERNIA	SKIN
FEET	EXTREMITIES	EARS	TEMPERATURE

EXAMINED BY (DOCTOR'S SIGNATURE)
PHONE

ADDRESS

Is this player cleared to play full contact football? € YES € NO

Date: _____

Is this player cleared to compete in the cheer program? € YES € NO

MUST HAVE DR OFFICE STAMP TO BE VALID
