



# PROOF OF PHYSICAL EXAM FORM

## FOR PARTICIPATION IN CLAYTON CIVITAN FOOTBALL & CHEERLEADING PROGRAMS

**All Clayton Civitan Football & Cheerleading participants are required to provide proof of physical examination within the past year & wellness. No Exceptions**

This document serves as proof that \_\_\_\_\_ [PARTICIPANT NAME]

was seen for a routine, annual physical examination on \_\_\_\_\_ [DATE].

Name of Facility: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's License No: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_