



Aroostook Huskies Football Club

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PHYSICAL EXAMINATION CERTIFICATION

I certify that I have either personally performed or had performed under my supervision a complete, comprehensive physical examination of:

(Player's Full Name)

During this calendar year. I have detected no impairment that would limit his/her ability to participate in the Huskies Football program. I understand that this program is a full-contact football program involving strenuous exercise.

(Signature of Licensed Medical Provider)

(Date)