

# Aroostook Huskies Football Club Physician's Certification

I certify that I have either personally performed or had performed under my supervision a complete, comprehensive physical examination of \_\_\_\_\_  
(player's name)

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

