

**NORTH BAY YOUTH FOOTBALL AND CHEER**  
**Petaluma Panthers Youth Football & Cheer**

Association Name



**2026 MEDICAL CLEARANCE EXAMINATION**

\_\_\_\_\_  
Name of Player or Cheerleader                      Age                      Division

This examination does not constitute a complete medical examination; it does, on this date, based upon my observations, meet the requirements for the above named child to participate in tackle football and/or cheerleading: This medical clearance must be dated no earlier than March 1, 2026.

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature                      Date                      (\_\_\_\_) \_\_\_\_\_  
Phone #



**Doctor's office stamp needed in box above to complete this document.**