



## M.O.T. YOUTH FOOTBALL & CHEERLEADING LEAGUE PHYSICAL FORM

### PARTICIPANT INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

City State and Zip \_\_\_\_\_

### TO BE FILLED IN BY DOCTOR

Date of Physical Exam \_\_\_\_\_ (must be after 8/1/2024)

Height \_\_\_\_\_ Weight \_\_\_\_\_

Passed \_\_\_\_\_ Rejected \_\_\_\_\_ (Reason) \_\_\_\_\_

REMARKS OR RESTRICTIONS (please note any medications):

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

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_