

# Medical Clearance Form for Youth Soccer Players

Player Full Name:

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Date of Birth:

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Parent/Guardian Name:

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Parent/Guardian Contact Number:

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Team Name (if applicable):

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Health History / Present Illness (if any):

Current Medications:

Known Allergies:

Recent Injuries or Surgeries:

Physician Statement:

This participant has been examined and is medically cleared to participate in soccer activities, practices, and games unless indicated otherwise.

Restrictions/Notes (if any):

Physician Name

Physician Signature

Date