

# Central Loudoun Youth Football League Athletic Participation/Physical Examination Form

Central Loudoun Youth Football League



www.clyfl.org

Athlete's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Home Address: \_\_\_\_\_

Which Sport Will You Be Playing (Circle One): Ultimate Flag Football   Tackle Football   Cheerleading

Medical Practitioner (Please indicate any instructions or recommendations here):

Emergency medications required on-site:

- Inhaler
- Epinephrine
- Glucagon
- Other:

Comments:

I have reviewed the information above, reviewed the athlete's medical history form, and made the following recommendations for participation with Central Loudoun Youth Football League:

- Cleared for participation **without restrictions**
- Cleared for participation **after** documented further evaluation/ treatment \_\_\_\_\_
- Cleared for **limited participation** \_\_\_\_\_  
Limited participation until: \_\_\_\_\_
- Not cleared** for participation with CLYFL \_\_\_\_\_

By this signature, I attest that I have examined the above-named athlete and completed this pre-participation physical form.

\_\_\_\_\_  
Practitioner's Signature (MD, DO, NP or PA)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner's Printed Name and Degree \*

\_\_\_\_\_  
Phone Number

*\*Only signatures of a Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.*