



Eau Claire YMCA Tackle Football

Pre-Participation Physical Evaluation

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____

Physicians authorized clearance

Cleared to play

Cleared after completing evaluation/rehabilitation for:

Not cleared for the following reason:

Recommendation:

Clinic Name and Address: _____

Name of Physician (please print or type): _____

Physician signature: _____

