MT BALDY CONFERENCE

2025 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Section II: THIS SECTION MUST BE COMPLETED INLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

This form must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form).

Name of Participant: _____ Height Weight

(Please check the following if healthy or note otherwise):

Ears ☐	Mouth ☐	Eyes ☐	Nose & Throat ☐
Respiratory ☐	Cardiovascular ☐	Neurological ☐	Blood Pressure ☐
Musculoskeletal ☐	Dermatological ☐		

Notes:

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2025 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O., R.N., etc.)_____

Are you licensed in your state to perform physical examinations? YES ☐ NO ☐

Today's Date:_____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature_____

Printed Name_____

Address_____City_____State_____Zip_____

Phone_____Fax:_____

Email/Website: Email_____(Optional)

Note to Pop Warner participants: If you're uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure each page includes a proper signature. It will not be accepted without signatures. Documents can be scanned as PDF files from your smartphone or tablet. **CLICK HERE** to learn how.