

ROCKLIN JR THUNDER FOOTBALL & CHEER  
*The official youth football and cheer program for Rocklin High School*



**Medical Clearance Form**

The completed physical must be for this Calendar Year and dated after April 15<sup>th</sup> 2024

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Known Food or Drug Allergies:

\_\_\_\_\_

Known Disabilities or Medical Conditions:

\_\_\_\_\_

**Physician's Statement of Health:**

(Must be completed by a medical doctor)

I certify that I have examined

\_\_\_\_\_

And have found no gross evidence of any abnormality that will keep him/her from participating in the Rocklin Jr. Thunder youth flag, tackle football and/or Cheer program.

Physician's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp  
**REQUIRED**

