

Name of Participant:

Pop Warner Little Scholars, Inc. 2025 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Section II: THIS SECTION MUST BE COMPLETED ONLY 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).

(Please check the following if	healthy or note otherwise):				
Height	Weight	E	Eyes		
Ears	Mouth] N	lose & Throat		
Respiratory	Cardiovascular	N	leurological		
Musculoskeletal	Dermatological	В	Blood Pressure		
understand that he/she vattest that this individua	m a licensed state examined will be participating in Popul is physically fit and has apply warner activities for the thout limitation.	Warner football o medical condit	l, cheer or dar ion which wo	nce programs. I he uld prevent this ir	ereby 1dividual
Please indicate medical profess	sion (M.D., D.O., R.N., etc.)				
Are you licensed in your state	to perform physical examinations	? YES □ NO [
Today's Date:					
-	he following information (-	Medical Prac	tice Stamp here:	
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.