



**Pop Warner Little Scholars, Inc.**  
**2024 PHYSICAL FITNESS & MEDICAL HISTORY FORM**



**Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1<sup>ST</sup> 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: \_\_\_\_\_

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

Height _____	<input type="checkbox"/>	Weight _____	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Ears	<input type="checkbox"/>	Mouth	<input type="checkbox"/>	Nose & Throat	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	Neurological	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	Dermatological	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>

**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 2024 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.