



Island Wide Sports L.L.C

Youth Sports Physical Examination

NAME: _____ AGE: _____ DATE OF BIRTH: _____

(Last, First MI)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

To be completed by your medical provider

Date of physical examination: _____

(DD/MM/YYYY)

RESULTS OF PHYSICAL EXAMINATION

Youth cleared to play sports with no exceptions: YES ☐ NO ☐

Youth cleared to play sports with exceptions: (Please explain)

Youth not permitted to participate in sports at this time: (Please explain)

MEDICAL PROVIDER'S INFORMATION

Medical Provider's Printed Name or Stamp

Medical Provider's Signature

Date