LC UNITED FOOTBALL CLUB

Player's Medical Examination & Fitness Clearance Form

CONFIDENTIAL

PLAYER'S MEDICAL EXAMINATION & FITNESS CLEARANCE FORM

For Players seeking approval to join LC United Football Club, train, and participate in matches/competitions.

Important: This form must be completed by a licensed physician/medical doctor before the Player starts training or competition. The doctor should review the Player's medical history, perform a physical examination, and indicate whether the Player is medically fit for football activities. This form does not replace emergency medical care or specialist review where required.

1. Player's Information

Player's first and middle names		**Player's last name**	
Date of birth		**Sex**	
Home address		**School**	
Parent/guardian name		**Parent/guardian phone**	
Emergency contact name		**Emergency contact phone**	
Health insurance provider and policy no. (if any)		**Preferred hospital/clinic (if any)**	

2. Football Participation Details

Team / category e.g. Under 20	Under-12 / Under-14 / Under-16 / Under-20 / Pro / Other: _____	**Position(s) / Role(s)**	Determined by coaching staff
Expected activity level	Training, fitness work, scrimmages, friendly matches, official competitions	**Start date**	August 1, 2026

3. Medical History - To Be Completed by Parent/Guardian and Reviewed by Doctor

Tick Yes or No. Give details for every Yes response. Attach additional notes or medical reports where needed.

Medical history item	Yes	No	Details / dates / treatment / current status	Doctor notes
Heart murmur, chest pain, fainting, dizziness, palpitations, unexplained shortness of breath, or known heart condition	☐	☐		
Family history of sudden cardiac death, inherited heart disease, cardiomyopathy, arrhythmia, or unexplained death before age 50	☐	☐		
Asthma, wheezing, exercise-induced breathing problems, severe allergies, anaphylaxis, or need for inhaler/EpiPen	☐	☐		
Seizure disorder, concussion, repeated headaches, migraine, blackouts, neurological disorder, or heat illness	☐	☐		
Diabetes, low blood sugar episodes, thyroid disease, sickle cell disease/trait, blood disorder, or immune disorder	☐	☐		
Bone, joint, muscle, ligament, tendon, spine, neck, back, shoulder, knee, ankle, foot, or groin injury	☐	☐		
Previous surgery, hospitalization, fracture, dislocation, sprain, cast, brace, or physiotherapy/rehabilitation	☐	☐		
Skin infections, open wounds, recurrent boils, rashes, contagious illness, or recent fever/infection	☐	☐		
Vision, hearing, dental, balance, coordination, or learning/developmental concerns affecting play	☐	☐		
Medication currently used, including inhalers, supplements, pain medication, or medication allergies	☐	☐		
Any restriction previously placed on sports, exercise, physical education, running, or contact activity	☐	☐		
Any other medical concern the doctor or club should know for Player's safety	☐	☐		

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4. Doctor's Physical Examination

Date of examination		**Height / weight**	
Blood pressure		**Pulse**	
Respiratory rate		**Temperature**	
Corrected vision	Left: _____ Right: _____	**Hearing concerns**	☐ Yes ☐ No

Examination area	Normal	Abnormal	Findings / action required
General appearance, hydration, nutrition, growth/development appropriate for age	☐	☐	
Cardiovascular examination: heart sounds, rhythm, murmurs, pulses, signs of cardiac disease	☐	☐	
Respiratory examination: lungs, wheeze, asthma control, exercise tolerance	☐	☐	
Abdomen: hernia, organ enlargement, tenderness, other relevant findings	☐	☐	
Neurological screening: coordination, balance, reflexes, strength, sensation, gait	☐	☐	
Head/neck/spine: cervical range, posture, scoliosis/back pain, previous concussion concerns	☐	☐	
Upper limbs: shoulders, elbows, wrists/hands, strength, range of motion, instability, pain	☐	☐	
Lower limbs: hips, knees, ankles/feet, strength, range of motion, instability, gait, pain	☐	☐	
Musculoskeletal functional screen: squat/lunge/hop/run mechanics if clinically appropriate	☐	☐	
Skin and infection risk: wounds, rashes, contagious lesions, hygiene concerns	☐	☐	
Dental/mouthguard considerations for contact play	☐	☐	
Other clinically relevant findings	☐	☐	

5. Additional Tests / Specialist Review, if Clinically Indicated

The doctor should request additional tests or specialist clearance where the history or examination suggests risk. Tick any item reviewed/requested.

☐ ECG	☐ Echocardiogram
☐ Cardiology review	☐ Pulmonary/asthma review
☐ Neurology review	☐ Orthopedic/physiotherapy review
☐ Vision/hearing review	☐ Blood tests
☐ Sickle cell screening/trait counselling where relevant	☐ Other: _____

6. Immunisation / Infection Control Review

Routine immunisations up to date?	☐ Yes ☐ No ☐ Unknown	**Tetanus status up-to-date?**	☐ Yes ☐ No ☐ Unknown
Recent fever/contagious illness?	☐ Yes ☐ No Illness: _____	**Cleared to return after illness?**	☐ Yes ☐ No ☐ N/A Note: _____

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7. Doctor's Fitness Clearance Decision

Based on medical history and physical examination, I certify the Player as follows:

Clearance option	Meaning / notes
☐ **Cleared without restriction**	Player is medically fit to train and compete in football activities.
☐ **Cleared with precautions:**	Player may participate subject to the conditions written below.
☐ **Not cleared at this time because:**	Player must not train / compete until further review & written clearance.
☐ **Cleared for modified participation because:**	Player may do limited activity as described below; no match play unless later cleared.

8. Restrictions, Precautions, and Emergency Instructions

Activity restrictions / training modifications:
Medications required before/during activity, including inhaler/EpiPen instructions:
Injury management / rehabilitation requirements: _____
Heat, hydration, asthma, allergy, seizure, diabetes, cardiac, or other emergency precautions:
Date for review or expiry of clearance, if applicable:

9. Doctor's Declaration and Stamp

Doctor's full name		**Medical registration no.**	
Practice / clinic / hospital		**Phone / email**	
Address		**Date**	
Doctor's signature:		**Official stamp/seal:**	
Date signed:		**Clearance valid until / review date:**	

10. Parent/Guardian Consent and Acknowledgement

I confirm that the information provided above is true to the best of my knowledge. I authorise LC United Football Club, Fruitful Trees Foundation and other entity so authorised by the aforementioned, to use this medical clearance to determine the Player's participation status and to share relevant safety information as they deem fit with coaches, team officials and others of their authorised personnel/entities. I understand that I must promptly inform the Club of any change in the Player's medical condition, injury, medication, or activity restrictions.

Legal guardian full name		**Relationship to the Player**	
Profession / occupation		**Contact numbers**	
Signature		**Date**	

11. Club Use Only

Received by		**Date received**		SEAL
Participation status	☐ Cleared ☐ Conditional ☐ Not cleared	**Coach/team official informed?**	☐ Yes ☐ No	
Notes / follow-up required		**Review date**		
Authorised by		**Position**		
Organisation		**Date**		