



PUERTO RICO AMERICAN FOOTBALL LEAGUE

P.R.A.F.L _____

MEDICAL CERTIFICATE

I. Patient's History of Illness or Trauma

ROS:

Previous sports participation Yes _____ No _____ Injury _____

II. Weight _____ Height _____

Significant Medical History:

Significant Physical Findings:

Recommendations

Signature of acknowledgement _____ (player)

Date of Birth _____

I, _____, duly licensed to practice medicine in Puerto Rico, certify that I have examined _____ and find him physically and mentally fit to play football.

Date

M.D. Signature

License No.