

# MEDICAL CLEARANCE FORM

## ATHLETE INFORMATION

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_/\_\_\_/\_\_\_  
(Date of Birth)

## MEDICAL CLEARANCE TO BE SIGNED BY PHYSICIAN

I hereby attest the above named individual to be in good physical health with no observed pre-existing conditions or abnormalities that would prevent his/her ability to compete in a mixed martial arts event.

\_\_\_\_\_  
(Licensed Physician Printed Name)

\_\_\_\_\_  
(Physician License Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

\*Results must be dated on or after \_\_\_\_\_ (180 days preceding the date of the event) to be valid for \_\_\_\_\_ on \_\_\_\_\_!

Send to CageZilla via Email at: [bloodwork@cagezilla.com](mailto:bloodwork@cagezilla.com)

