



# CONCORD AMERICAN LITTLE LEAGUE MEDICAL APPROVAL FORM



**(TO BE FILLED OUT BY YOUR PHYSICIAN)**

Date \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

SIGNIFICANT PAST ILLNESS/INJURY: \_\_\_\_\_

EYES \_\_\_\_\_ R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ EARS \_\_\_\_\_ R \_\_\_\_\_ /15 L \_\_\_\_\_ /15

RESPIRATORY \_\_\_\_\_

CARDIOVASCULAR \_\_\_\_\_

LIVER \_\_\_\_\_ SPLEEN \_\_\_\_\_ HERNIA \_\_\_\_\_

MUSCULOSKELETAL \_\_\_\_\_

NEUROLOGICAL \_\_\_\_\_

ALLERGIES \_\_\_\_\_

COMPLETED IMMUNIZATIONS: POLIO \_\_\_\_\_ TETANUS \_\_\_\_\_  
DATE DATE

COMMENTS \_\_\_\_\_

IN MY OPINION, \_\_\_\_\_ IS PHYSICALLY ABLE TO PARTICIPATE IN  
LITTLE LEAGUE BASEBALL/SOFTBALL.

DATE OF EXAMINATION \_\_\_\_\_ SIGNED \_\_\_\_\_  
EXAMINING PHYSICIAN

PHYSICIAN'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_