

**CONCORD AMERICAN LITTLE LEAGUE  
MEDICAL CLEARANCE EXAMINATION**

*(Form Must Be Completed by a Physician)*

\_\_\_\_\_  
**Name of Participant**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Date of Birth**

This examination does not constitute a complete medical examination: it does, on this date, based upon my observations, meet the requirements for the above named child to participate in Baseball/Softball: This medical clearance must be dated no earlier than January 1st of the upcoming season.

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

**ADDITIONAL REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Doctor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone #**