



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 _____