

Medical Clearance Form

Youth Baseball Players

Player Name

Date of Birth

Age

Parent/Guardian Name

Parent/Guardian Contact Info

List any allergies

Current medications

Relevant medical conditions

Does the player require any special accommodations?

☐ Yes ☐ No

If yes, please explain

Physician Name

Physician Phone

Date of Examination

Based on the examination and history, the above named player is medically cleared to participate in

baseball activities.

Physician Signature

Date
