



Tampa, FL February 13 - 15



Participant Name: _____ **Birthdate:** _____
(Print) (dd/mm/yyyy)

Gasparilla Softball Classic definition of disability: The inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Evaluation Result

- I find the above patient meets the Gasparilla Softball Classic's definition of disability.
- I do not find the above patient meets the Gasparilla Softball Classic's definition of disability.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name: _____
(Print)

Clinical Degrees/Credentials: _____

Clinic/Hospital: _____

Address: _____

Phone: _____ **Email:** _____

Physician/Clinic Stamp (optional)
