BANK OF AMERICA
SHAMROCK SHUFFLE

PHYSICIAN AUTHORIZATION

Name of Participant: _____ _____
First Last

Participant Date of Birth _____

Name of Physician: _____ _____
First Last

Physician address: _____

_____

_____

Physician phone: _____

Physician email: _____

This certifies that the above Participant has become pregnant or has given birth since registering for the Sunday, March 22, 2026 event.

I hereby represent that I verified the details above with the Participant and I may be contacted for further verification.

_____ _____ _____
Physician Signature Physician Name (type or print) Date

Steps to complete the accommodation request:
1) Download and print this PHYSICIAN AUTHORIZATION
3) Complete the PHYSICIAN AUTHORIZATION with physician's signature
4) Scan and return this form to office@shamrockshuffle.com by 11:59 p.m. (Central Time) on Wednesday, March 18, 2026