



SPORTS PHYSICAL EXAM PATIENT INFORMATION

Date: ___/___/___

First Name MI Last Name Prefer to be called (Nickname)

Street City State ZIP

() - Home Telephone () - Work Telephone () - Cell Phone

___/___/___ Birthday M F Gender SSN - -

Emergency Contact

Name: (FIRST) (MI) (LAST) Relationship

() - Home Telephone () - Work Telephone () - Cell Telephone

Responsible Party

If the patient is a minor (Under the age of 18) or otherwise not financially responsible for payment, please provide the following information regarding the person who is responsible. This is not your insurance company.

First Name MI Last Name Prefer to be called (Nickname)

Street City State ZIP

() - Home Telephone () - Work Telephone () - Cell Phone

___/___/___ Birthday M F Gender SSN - -

Relationship to patient Guardian's Employer Occupation



SPORTS PHYSICAL EXAM – PARENTAL CONSENT FORM

This form **MUST** be completed by the patient’s parent or legal guardian in order for Evans Urgent Care to perform a sports physical examination on a person under the age of 18.

I am the parent or legal guardian of _____ who attends _____ High/Middle School. I hereby authorize Evans Urgent Care and staff to conduct a pre-participation physical screening on the above named athlete.

I understand that this is only a brevetted physical exam and does not constitute a formal doctor-patient agreement. I also understand that this exam is strictly designed to determine difficulties, which may arise with athletic participation and **does not** represent a complete physical examination designed to detect rare or occult disease.

Parent/Legal Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____