

The Corvallis Clinic Orthopedic Surgery & Sports Medicine

Physical Examination Consent Form	
I am the legal guardian of	(Student) from
(School).	
The sports physicals a screening tool required by sathletes to participate in school sports. The purporthat may be at increased risk for injuries or illness athletics. The nature of the sports physical, however conditions that may be life-threatening. Therefore, a cursory to full in which high-risk individuals might prior to their involvement in athletics.	se of this physicals to detect those student athletes es that would be worsened by their participation in er, is limited in the detection of some illnesses; ever understand the sports physical exam yearly provide
If my child has a strong family history of heart d controlled, elevated blood pressure or other risk fact then cleared for sports participation by their own pe	ors for sudden death during athletics, I agree to have
I am aware that The Corvallis Clinic Orthopedic Surge physicians and residents who may participate in or assistance in participating and/or performing the ph	perform the physical examination. I authorize their
My signature below confirms that I have read the abmay not be detected during sports physicals. Theref participation and agree to hold the Corvallis Clinic, is any and all liability, which may arise from the admin sports participation whether or not foreseen or unforms.	ore, I hereby assume all risk for my child's sports officers, physicians, residents, and agents free from istration of this physical examination or my child's
Parent/Guardian	Date
Address	

A parent or legal guardian must sign this consent form before the student will be examined.

Work Phone

Home Phone