

NOTICE TO PARENT/GUARDIAN/STUDENT ATHLETES – PHYSICALS

Mandatory** sports eligibility physical examinations will be provided to [Name of School] student athletes on _____ date at _____ location at _____ am / pm.

Please review, complete, sign (if applicable) and bring with the student athlete to the exam the following forms:

- Notice to Parent/Guardian/Student Athletes – Physicals;
- Consent to School Physical Examination;
- HIPAA Notice of Privacy Practices Acknowledgement;
- Authorization for Disclosure of Protected Health Information; and
- First two pages of the Pre-participation Physical Evaluation History Forms.

Not private. Student athletes should wear loose fitting clothing for the examination. Sports physical examination will be conducted in a semiprivate setting. Private examination rooms will not be available.** Other students of athlete's gender will be present.

Provider. Sports physical examinations are being provided at no charge by community volunteers from Tanner Health System, Inc., Tanner Medical Center, Inc., Southern Therapy Services, Inc. and local physicians, physician assistants, or nurse practitioners (acting under supervision of a Physician).

Level of Examination: Basic. The sports physical examination required by the School and to be provided is a very basic examination. The examination to be provided will include height, weight, blood pressure, physical therapy assessment and an exam. It will not include more thorough testing, such as EKG, blood work, cardiac stress testing. Therefore, all potentially dangerous conditions that may be worsened by sports activity may not be uncovered during this brief examination.

Full Examination Recommended. It is the student athlete/parent/guardian's responsibility to obtain a more thorough examination if they feel that is prudent and/or warranted under the individual student athlete's circumstances. We recommend a separate full physical be conducted yearly by the student athlete's full-time family physician who has known and cared for the student athlete over a period of time and has a record of the complete medical history.

Notify School of Concerns. If you have any cause to believe the student athlete should be examined separately or more thoroughly by a physician at any time before, during or after the season, please notify the School's Athletic Director immediately.

Medical Records. The results of the sports physical examination will be provided to the School's Athletic Director per the Authorization form enclosed. Copies of the results may be obtained from the Athletic Director or by contacting the Provider at _____.

****Private or Makeup Examination Option.** A student athlete must be cleared by physical examination in order to meet the basic School eligibility requirements for athletic team participation. The sports physical examination can be obtained through a private physician or through the free service to be provided above. No free makeup examinations will be offered. If you are unable to come to the free examination or choose to seek a private examination by your own physician and at your own expense, please contact the Athlete Director at _____ for additional information regarding required physician evaluation forms and deadlines for completion.

CONSENT TO SCHOOL PHYSICAL EXAMINATION

ATHLETE'S NAME: _____
ATHLETE'S ADDRESS: _____
ATHLETE'S PHONE NUMBER: _____
SCHOOL: _____