



Physical Examination Consent Form

I am the legal guardian of _____, who is a student of _____ School. I hereby authorize Dr. Charles Miller and OVM to perform a sports pre-participation physical screening on the above named athlete.

I understand that this is only a physical examination consisting of those components deemed mandatory by the Ohio High School Athletic Association, for participation in athletics for the 2018-2019 school year. I understand that this does not constitute a formal doctor/patient agreement. I am aware that therapy personnel from OVM will be assisting Dr. Charles Miller to carry out the physicals. I authorize the participation of these additional healthcare personnel to assist in and/or perform parts of the physical. I also understand that this examination is designed to determine difficulties that may arise as a result of athletic participation and that it is not a complete physical exam to detect a rare or occult disease.

I have read and understand this acknowledgement form.

Parent/Legal Guardian Signature Date

Witness Signature Date

Address

Home Phone Work Phone