



SPORTS PHYSICAL POLICY

Certification of Accuracy and Medical History

- I hereby state that, to the best of my knowledge, the health history provided is current, complete and correct.
- I understand that failure to provide accurate health history in an effort to falsely allow participation in a sport or sports activity may result in harm or injury.
- I understand that based on this current and accurate health history, I or my dependent may not be eligible to participate in a sport or sports activities until such time as re-evaluation can be performed and clearance made
- I agree to hold harmless any representative of this clinic, Family First Medical Group, or Providea Health Partners, LLC for any illness, injury, impairment or death as so related to participation in a sport or sports activity based upon a falsified health history.
- I consent to the care, evaluation and treatment by the attending physician, his/her associates or assistants and acknowledge that no guarantees have been made as to the clearance of the patient to participate in a sport or sports activities.

Signature

Patient Name: _____

Signature of patient or Parent/Legal Guardian

Date

Printed Name of patient or Parent/Legal Guardian