



MERCYHEALTH

Orthopaedics and
Sports Medicine

2016-2017 Sports Physicals

- When:** Saturday, June 4
Where: Mercy Anderson HealthPlex
Time: 8:00-10:00 AM
Who: Anyone in grades 7-12 for the 2016-2017 school year
Cost: \$20 (Make checks payable to Mercy Health)
Attire: Shorts and T-shirt
Parents: Portions of the physical form must be filled out by the parent or guardian prior to the actual physical (see below).

Parents:

Please fill out the Ohio High School Athletic Association Pre-participation Physical Evaluation Form

- Form available at www.ohsaa.org under Sports Medicine for the 2016-2017 Physical Exam Form. Link for Physical Form: http://ohsaa.org/medicine/PPE_2016-17.pdf
- Pages 1, 5 and 6 must be completed and brought in with son or daughter
- Pages 3 & 4 will be filled out by the medical staff.

For more information about the physicals, contact Al Ducker at ajducker@mercy.com.





Physical Examination Consent Form

I am the legal guardian of _____ (Student) from
_____ (School).

I hereby authorize Mercy Health to conduct a pre-participation physical screening on the above mentioned student athlete.

I understand that this is only a physical examination and does not constitute a formal doctor/patient agreement. I am also aware that Mercy Health may use numerous physicians and residents who may participate in or perform the physical examination. I authorize their assistance in participating and/or performing the physical.

I also understand that this examination is designed to determine the difficulties, which may arise with athletic participation, and is not a complete physical examination designed to detect a rare or occult disease.

I hereby release Mercy Health, as well as their staff, from any and all liability, which may arise from the administration of this physical examination, whether or not foreseen or unforeseen. If a health problem is found, I understand Mercy Health Physicians will inform me of any need for further medical attention. I have read and understand this acknowledgement form.

Parent/Guardian: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

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