



Sports Physical Basic Information

Student's Name: _____

Date of Birth: _____

Gender: () Male () Female () _____

Race: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize Community Health Care Systems, Inc., to perform a sports physical on this student.

Parent or Legal Guardian's Name: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship if other than Parent: _____

Parent or Legal Guardian's Phone Number: _____