

McLaren Medical Group
ACKNOWLEDGEMENT OF SPORTS PHYSICAL

I, _____, acknowledge that the physical examination performed
(name of parent/legal guardian)
on my son/daughter, _____, is a limited examination only to
(name of son/daughter)
determine readiness for sports participation. It is not meant to be a substitute for a comprehensive
health maintenance examination. If such a comprehensive examination is desired, I understand that
an appointment for same must be scheduled in advance.

Signature of Parent/Legal Guardian

Date

Signature of Witness

Date

Patient Name:

Date of Birth: