



Southern Columbia Area High School

812 Southern Drive
Catawissa, PA 17820
(570) 356-2331/672-2983



2016 National Blue Ribbon High School

School Sports Physical Examination Permission Form

I consent to have my student's sports examination performed by a school physician and understand that it will include a review of immunization records, a confidential health history interview, and a physical assessment which may, at the discretion of the health care provider include:

- Head, Eyes, Ears, Mouth, Nose, Throat
- Neck, Chest, Lungs
- Spine, Scoliosis (Bending Position)
- External Genitalia
- Musculoskeletal System
- Cardiovascular System, Blood Pressure
- Skin

This is the only opportunity for a FREE Sports Physical provided by the school at no cost for the 2019 – 2020 School Year.

Please note that your students **sports physical examination** must be completed in its entirety (all forms signed and completed) as well as **FamilyID and HIPPA** completed before the first day of practice.

Please sign the HIPPA form on the Patient / Athlete Signature as well as have the student sign if they are over 18 years of age. No other signatures are required!

Please contact me with any questions!

Students Name: _____ **Sport(s):** _____

Parents Signature: _____ **Date:** _____

Thank you,

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