



# 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, nose, mouth, throat
- Neck, chest, lungs
- Spine / Scoliosis (bending position)
- External Genitalia
- Musculoskeletal system
- Cardiovascular system, blood pressure
- Skin

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

If you are planning on a private physical, this form does not need to be returned. This deadline applies to every student athlete, not just the athletes that are getting school physicals.

**This is the only opportunity for *FREE* sports physicals provided by the school for the upcoming school year.**

**Please contact me with any questions or concerns.**

**Student Name:** \_\_\_\_\_ **Sport(s):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you,**

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