

# SCHOOL/SPORTS PHYSICAL INFORMATION

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

In an effort to provide your child with a school/sports physical in a timely fashion, please review and complete the following checklist prior to his/her appointment.

**BRING:**

\_\_\_\_\_ Appropriate form as required by the school. Parent, student and immunization portions of the form need to be completed prior to the scheduled appointment time. (You can print a copy of a school physical form off of our website at (<http://www.norfolkfamilymedicine.com/resources/index.html>))

\_\_\_\_\_ A current immunization record. (If you have had any immunizations given anywhere except Norfolk Family Medicine, please bring records with you)

\_\_\_\_\_ Current insurance card.

\_\_\_\_\_ If the student uses glasses or contacts they **MUST** be with them at the time of the eye exam. If they do not have their glasses or contacts with them, they will be asked to reschedule for another time when they will have them available.

\_\_\_\_\_ Urine sample. (It is best if it is collected first thing in the morning in a clean container and placed in a ZipLock bag. It should be kept cold until the time of the physical.) To avoid the need for further testing, it is best that the student be well hydrated when he or she collects the sample. Please feel free to stop by and pick up a urine cup prior to the scheduled physical if you would like.

\_\_\_\_\_ If you are not going to be with your student and would like immunizations given please send a signed note indicating what you would like given. Please include a phone number where you can be reached should we have any questions

\*\*\*\*\* In preparation, you may want to review the process with your child. They will be asked to complete a vision exam, be weighed and have their height measured. They will have their finger poked to check for anemia, and be given immunizations as required by the school (with your permission). The physical exam will include checking their blood pressure, pulse, heart rate, lung sounds, spine, eyes, ears, stomach and legs etc. Boys will have a hernia check.

\*\*\*\*\* There will be a \$20 charge for any additional forms completed after the day of the physical.

\*\*\*\*\* There is not extra time allowed during school/sports physicals to discuss additional health issues like allergies, acne, asthma etc. If you have additional issues to discuss, please advise the receptionist so she can schedule the appointment appropriately. This appointment would not be in a school physical time slot and would have a higher charge.

# Guardian Consent Form

Please fill out and present this form to any health care facility to authorize treatment for your child in your absence.

I, \_\_\_\_\_, as legal guardian of

\_\_\_\_\_ (child's name) \_\_\_\_\_ (birth date)

authorize the following medical provider to provide treatment for my child in my absence:

\_\_\_\_\_

This consent is authorized for the period of time from \_\_\_\_\_ to \_\_\_\_\_ (6 months total)

*I assume all financial responsibility for any medical cost over and above my insurance benefits.*

\_\_\_\_\_ (guardian) \_\_\_\_\_ (phone number)  
\_\_\_\_\_ (witness)

Special instructions \_\_\_\_\_  
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