SOUTHERN BONE & JOINT SPECIALISTS SPORTS MEDICINE & REHAB

1500 Ross Clark Circle
Dothan, Alabama 36301

(334) 793-2663
1-800-460-2663
Office Hours 8:00 AM - 6:00 PM

404 N. Main Street
Enterprise, Alabama 36330
(334) 393-7465

345 Healthwest Drive
Dothan, Alabama 36303

MEDICAL SCREENING EXAMINATION FORM

DATE_____ School or Organization _____

Name _____
Last First Middle

Address _____
Street

_____
City State Zip

Phone (_____) _____ S.S. #_____

Parents Work Phone (_____) _____

Date of Birth_____ Age_____ Sex_____

Name of Family Physician _____

CONSENT FOR SCREENING: The undersigned agrees to submit to a medical screening examination for athlete participation. I understand that this is a screening examination designed to identify common conditions or infirmities that would limit or prevent participation in athletic activities. This examination is not intended to be comprehensive and may not detect some types of latent or hidden medical conditions.

This is to certify that I have read and understand the above information and have given my permission and consent to the screening for athletic participation.

I hereby state that, to the best of my knowledge, the answers I have given on the medical examination are true and correct.

_____ _____
Student Athlete's Signature Date

_____ _____
Parent's Signature Date