

Dear Parent/Guardian:

Re: PHYSICALS Tuesday, June 25, 2019 @ BISHOP AMAT HIGH SCHOOL

We at Emanate Health see a need in the community to provide a comprehensive sport oriented screening of the athlete. This screening is designed to complement the examination of the team or family physician.

Current research in the sports medicine field suggests that pre-season screening of athletes may greatly reduce the frequency and severity of previous injuries or variations in body build and posture, which may predispose the athlete to injury. Dr. Hamed Shalikar, MD will be providing the physician's exam required by C.I.F. for your son/daughter to participate in school athletics.

This athletic screening will be included with the physician's exam, both for a fee of **\$20.00**. **PLEASE HAVE EXACT CASH ONLY**. Athletes should wear shorts and tank tops for the examination.

Dr. Hamed Shalikar, MD

I, _____, as the parent/guardian

of

_____ grant my permission for him/her to participate in the athletic screening program by Emanate Health and physical exam given by Dr. Hamed Shalikar, MD. I understand that his/her having passed or failed this athletic screening does not necessarily indicated that he/she is physically neither qualified nor unqualified to engage in athletics. I understand that any areas of concern identified through this screening may be brought to the attention of the athlete's physician for diagnosis and /or treatment.

I understand this screening is not diagnostic. I understand athletic competition may result in bodily injury & agree to hold harmless Dr. Hamed Shalikar, MD, Emanate Health, and their personnel against liabilities.

PARENT/GUARDIAN: _____

DATE_____

ATHLETE: _____

DATE_____