

**McLaren Print System Order**

**Order No: 52562 Reprint Previous Order No: 5517**  
**Order Date: 2020-02-12**  
**User: Theda Simmonds**  
**Phone: 989-393-2857**

**Ship Location: McLaren Occupational and Convenient Care - Bay City**  
**4 Columbus Ave**  
**Bay City, MI. 48708,**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 69100**  
**Dept Name: Occupational Convenient Care**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-130**  
**Item Description: Acknowledgement of Sports Physical**  
**Revision Date: 6/2013**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
ACKNOWLEDGEMENT OF SPORTS PHYSICAL

I, \_\_\_\_\_, acknowledge that the physical examination performed  
(name of parent/legal guardian)  
on my son/daughter, \_\_\_\_\_, is a limited examination only to  
(name of son/daughter)  
determine readiness for sports participation. It is not meant to be a substitute for a comprehensive  
health maintenance examination. If such a comprehensive examination is desired, I understand that  
an appointment for same must be scheduled in advance.

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness      Date \_\_\_\_\_

MM-130-010  
ACKNOWLEDGEMENT OF SPORTS PHYSICAL

Parent Name
Date of Birth