

McLaren Print System Order

Order No: 9923 Reprint Previous Order No: 5517
Order Date: 2015-03-19
User: Billie Peters
Phone: 810-667-7025

Ship Location: McLaren Occupational and Convenient Care
1254 N Main St
Lapeer MI 48446,

Forms

Quantity: 100
Paragon Dept No: 65100
Dept Name: Lapeer Occupational
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 ACKNOWLEDGEMENT OF SPORTS PHYSICAL

Parent Name

Date of Birth