



# Pre-Participation Screening Disclaimer

Thank you for choosing Riverside Medical Clinic Sports Clinic for the Preparticipation Sports Screening. So that we may better serve you please review, initial and sign the disclaimer.

**Please review and initial each item**

This screening is not a sports physical nor a substitute for the athlete’s annual physical exam\_\_\_\_\_

The physician cannot fill out medication forms or camp forms with medication lists \_\_\_\_\_

The physician cannot address medical problems, those issues need to be addressed by the athlete’s primary care physician \_\_\_\_\_

If the medical questionnaire detects an answer that disqualifies the patient (i.e. chest pain, dizziness, fainting) they will be asked to make an appointment with their primary care physician or/if the exam reveals a significant finding (i.e. a heart murmur, significantly elevated blood pressure or significant scoliosis) the athlete will be referred to their primary care physician.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

105-710 (08-15)



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