



Nevin Vijay, DO

David Dominguez, MD

Caroline Cubero, PA

CONSENT FOR SPORTS PHYSICAL EXAMINATION

Minor Athlete's Name: _____

Date of Birth: _____

Parent/Legal Guardian Name: _____

Phone Number: _____

I, the undersigned parent/legal guardian, hereby consent for my child to undergo a comprehensive sports physical examination conducted by the providers at 3D Sports Medicine & Orthopaedic Center.

I understand that this sports physical will include, but is not limited to, the following evaluations:

- A full physical examination
- Assessment of heart and lung function
- General musculoskeletal evaluation
- Medical history review

I acknowledge that this examination is intended to assess my child's general health and physical readiness for participation in sports activities. I understand that this physical is not a substitute for a full medical evaluation by my child's primary care provider.

I affirm that all medical history provided is accurate to the best of my knowledge and agree to disclose any known health conditions, past injuries, or medications that may affect my child's participation in sports.

By signing below, I voluntarily give my consent for my child to undergo the sports physical examination and authorize the providers at 3D Sports Medicine & Orthopaedic Center to perform any necessary evaluations. I also acknowledge that this consent remains in effect solely for the purpose of this examination.

Parent/Legal Guardian Signature: _____

Date: _____