



**NASA**  
NEUROSCIENCE  
AND SPINE ASSOCIATES, P.C.



**ORTHO COLLIER**  
GET BACK IN THE GAME

## Physical Exam Consent Form

I am the legal guardian of \_\_\_\_\_ (Student) from  
\_\_\_\_\_ (School).

I hereby authorize NASA/OrthoCollier to conduct a pre-participation physical screening on the above mentioned student athlete.

I understand that this is only a physical examination and does not constitute a formal doctor/patient agreement. I am also aware that NASA/OrthoCollier may use numerous physicians, residents, nurse practitioners or physician assistants who may participate in or perform the physical examination. I authorize their assistance in participating and/or performing the physical.

I also understand that this examination is designed to determine the difficulties, which may arise with athletic participation, and is not a complete physical examination designed to detect a rare or occult disease.

I hereby release NASA/OrthoCollier, as well as their staff, from any and all liability, which may arise from the administration of this physical examination, whether or not foreseen or unforeseen. If a health problem is found, I understand NASA/OrthoCollier Physicians will inform me of any need for further medical attention. I have read and understand this acknowledgement form.

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**A parent or legal guardian must sign this consent form before the student will be examined.**