Sports Physical Basic Information

Student's Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ _____

Race: ☐ African American/Black ☐ White ☐ Other _____

Ethnicity: ☐ non-Hispanic ☐ Hispanic

Student's Yearly Income: ☐<$10,000 ☐$10,000-14,999 ☐$15,000-19,999 ☐$20,000-29,999 ☐$30,000-49,999 ☐$50,000-79,999 ☐over $80,000 ☐prefer not to answer

Mailing Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize Community Health Care Systems, Inc., to perform a sports physical on this student.

Print Parent or Legal Guardian's Name: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship if other than Parent: _____

Parent or Legal Guardian's Phone Number: _____