

Dear Parent/Guardian:

Re: SPORTS PHYSICALS Tuesday, June 30, 2026 @ BISHOP AMAT HIGH SCHOOL

We at Chino Valley Medical Center see a need in the community to provide a comprehensive sport oriented screening of the athlete. This screening is designed to complement the examination of the team or family physician.

Current research in the sports medicine field suggests that pre-season screening of athletes may greatly reduce the frequency and severity of previous injuries or variations in body build and posture, which may predispose the athlete to injury. Dr. Hamed Shalika, MD will be providing the physician's exam required by C.I.F. for your son/daughter to participate in school athletics.

Athletes should wear shorts and tank tops for the examination.

Dr. Hamed Shalika, MD

I, _____, as the parent/guardian of
_____ grant my permission for him/her to
participate in the athletic screening program by Chino Valley Medical Center and physical exam
given by Dr. Hamed Shalika, MD. I understand that his/her having passed or failed this athletic
screening does not necessarily indicated that he/she is physically neither qualified nor unqualified
to engage in athletics. I understand that any areas of concern identified through this screening may
be brought to the attention of the athlete's physician for diagnosis and /or treatment.

I understand this screening is not diagnostic. I understand athletic competition may result in
bodily injury & agree to hold harmless Dr. Hamed Shalika, MD, Chino Valley Medical Center,
and their personnel against liabilities.

PARENT/GUARDIAN: _____

DATE_____

ATHLETE: _____

DATE_____