



Sports Medicine Center

Family Health Center • 1760 North Orange Grove Avenue • Pomona, CA 91767 • (909) 865-9810
Chino Hills Primary Care Center • 2140 Grand Avenue, Suite 125 • Chino Hills, CA 91709 • (909) 630-7875

*Affiliated with
Pomona Valley Hospital
Medical Center*

Preparticipation Physical Evaluation — CONSENT FORM

By signing this document, I hereby grant permission for the staff at the FHC Sports Medicine Center and its affiliate Pomona Valley Hospital Medical Center to perform a preparticipation examination on my student-athlete.

Name of student-athlete _____ School _____
(print/type)

Parent/Guardian signature _____ Date _____

I understand and agree that the information obtained from this examination may be used anonymously in academic research study with the purpose of evaluating the sports medicine needs in our community.

Please do not use the information obtained from this examination in academic research study.