

**PREPARTICIPATION PHYSICAL EXAMINATION
CONFIDENTIALITY WAIVER AND CONSENT FORM**

The undersigned, parent or guardian of student or student named below consents to the performance of a preparticipation evaluation ("PPE").

I understand that the PPE and any physical examinations included therein are performed by independent, licensed and insured physicians who are **not agents or employees** of Sportlink, Inc. I understand that Sportlink, Inc. manages, coordinates, schedules and processes information and the results of the PPE as requested by you, the parent/guardian and the physician, but Sportlink, Inc. does not perform or control the preparticipation evaluation or any actual physical examinations of the students.

- I understand that the PPE includes:
- 1. Physical Examination by independent, licensed physician
 - 2. Medical History Review
 - 3. Vision Screening
 - 4. Strength and Flexibility Assessment
 - 5. Body Fat Analysis
 - 6. Musculoskeletal Evaluation
 - 7. Blood Pressure and Pulse
 - 8. Height and Weight Measurement

A PPE is not a full and complete physical examination and is not intended to be a substitute for such an examination. A PPE is only for the purpose of determining medical eligibility to participate in school sponsored activities. I understand that no guarantees have been made concerning PPE, the physical, or the results of the preparticipation physical examination, and that no guarantees have been made that participation in a sport will not result in an injury.

I hereby authorize, without further consent, the athletic director, school nurse of _____ (Name of School) or their designee to access and utilize the complete information and results of the PPE, including the examination performed on the student for the sole purpose of determining medical eligibility to participate in school sponsored activities.

I hereby authorize, without further consent, Sportlink, Inc. and its officers, employees and agents to access and utilize the complete information and results of the PPE, including the physical examination performed on the student for the coordination, scheduling and processing of the results of the PPE.

Signature of Student _____ Date _____ / _____ / _____

Signature of Parent/Guardian _____ Date _____ / _____ / _____

**ULTRASOUND SCREENING
CONFIDENTIALITY WAIVER AND CONSENT FORM**

The undersigned, parent or guardian of student or student named below consents to the performance of an Ultrasound Screen.

I understand that the Ultrasound is performed by independent, licensed and insured technicians who are not agents or employees of Sportlink, Inc. I understand that Sportlink, Inc. manages, coordinates, schedules and processes information and the results of the Screen as requested by you, the parent/guardian or student and the physician, but Sportlink, Inc. does not perform or control the Screen.

The Ultrasound Screen is not a full and complete physical examination and is not intended to be a substitute for such an examination. I understand that no guarantees have been made concerning the Screen and that no guarantees have been made concerning the Screen or its ability to detect Hypertrophic Cardiomyopathy, Marfan's Syndrome or any other cardiac irregularities.

I hereby authorize, without further consent, the athletic director, school nurse of (Name of School) _____ or their designee to access and utilize the complete information and results of the Screen, for the sole purpose of determining medical eligibility to participate in school sponsored activities if the Physician determines it necessary to disclose such information to the School.

I hereby authorize, without further consent, Sportlink, Inc. and its officers, employees and agents to access and utilize the complete information and results of the Screen, for the coordination, scheduling and processing of the results of the Screen to Sportlink.

I hereby authorize, without further consent, Sportlink, Inc. and its officers, employees and agents to access and utilize the complete information and results of the Screen for the development of guidelines or the effectiveness of certain identification tools for Hypertrophic Cardiomyopathy ("HCM"), Marfan's Syndrome, or any other cardiac irregularities.

Signature of Student _____ Date _____ / _____ / _____

Signature of Parent/Guardian _____ Date _____ / _____ / _____