



Public Health
Prevent. Promote. Protect.

Central Valley Health District

**Sports Physical
Client Worksheet**
(Please Print)

Name		Gender Male Female		Date of Birth	
Address			City		State Zip
Home or Cell Telephone Number			Primary Physician		Clinic
Race- Check all that apply White American Indian or Alaska Native Black or African American Asian Native Hawaiian or other Pacific Islander Unknown					
Ethnicity – Check at least one Hispanic Origin Not Hispanic Origin Unknown					
Emergency Contact			Relationship		Telephone Number
Tobacco Use (client)		Yes	No	Are you exposed to second hand smoke?	
				Yes	No
By signing this document, I also acknowledge that I have received and /or seen a copy of Central Valley Health District’s – “Notice of Privacy Practices”.					
Client Signature					Date
Signature of Parent/Guardian (if needed)					Date

I authorize Central Valley Health District to release a copy of the sports physical to my school.

School name : _____

Signature: _____