SPORTS PHYSICALS

No appointment necessary — Walk-ins Welcome!



MEDHERO WILL DONATE \$20 BACK TO YOUR SCHOOL'S ATHLETIC DEPARTMENT!



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Name:	School:	Sport to donate to:
Parent/Guardian Name:		Contact Phone Number:
Address:	City:	Zip:
I authorize MEDHERO and it's associates to perform a sports physical on my child.		
Parent/Guardian Signat	ure	Date

Any minor not accompanied by a parent/guardian must have this form signed