



**RESURGENS<sup>PC</sup>**  
**ORTHOPAEDICS**

Patient Last Name: \_\_\_\_\_

Patient First Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Dear Parent / Guardian:

Pre-participation physical exams cannot guarantee or accurately predict that your child is risk free. It is well known and understood that certain sports produce injuries and that some cardiac anomalies may be present even with “normal” results from a routine screening test. Therefore, normal results from routine screening tests should not be interpreted as indicating that he/she is free from risk or that all potential cardiac anomalies have been ruled out.

I have read and agree with the above statement.

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Signature

Relationship to Patient

Date