



BLUE FORM OR SPORTS PHYSICAL FORM REQUEST

Last Name:

First Name:

Middle Initial:

Date of Birth:

____ Check here if requesting a current Blue Form or Immunization Form.

____ Check here if requesting page 2 of the AHSAA Physical Evaluation Form

Email Address:

Forms will be sent to the above email address in encrypted format (you will be given a temporary access code to open the email). Please check your spam folder in your email prior to reporting that the form was not received.

There is a fee per form requested. Fees will be charged to the patient account.

By signing this form, I confirm the information entered on this form is accurate. Forms with inaccurate information will not be processed. Forms may also be requested by calling our office at 205-879-7888 during business hours.

By signing this form, I understand that my child must be up-to-date on vaccines and have completed a wellness check appointment within the last year for forms to be completed by our staff. If your child needs vaccinations or a wellness check, you may call the office at 205-879-7888 during office hours to make an appointment.

Name of Person Completing Form:

Signature of Person Completing Form:

Date:

ALLOW TWO BUSINESS DAYS FOR FORMS TO BE PROCESSED.

This form is only for the two specific forms listed above. FORMS OTHER THAN THE BLUE FORM OR AHSAA Physical form must be requested by calling the office at 205-879-7888 during business hours.

For office use only:

Date sent:

Initials: