



Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Sports Physical Hardship Waiver

___ I request Jordan Valley Community Health Center (“Jordan Valley”) to provide my student, _____, a sports physical at no charge because I am unable to pay the fee.

___ My student is a participant in the free or reduced lunch program.

___ I understand this waiver is not valid for services other than the sports physical provided by Jordan Valley at my student’s school via their mobile unit.

___ I understand I can meet with a Patient Account Representative or Care Coordinator at any Jordan Valley location to discuss their Sliding Fee Program qualifications and/or provide assistance with the MO Medicaid Program.

Parent/Guardian Signature: _____

Date: _____