



2019-2020 Checklist of items to turn in to Athletic Director (4 Documents Total):

- **Confirmation message page from www.athleticclearance.com**
 - Signed and dated by parent
- **Physical form**
 - Signed, dated and stamped by doctors office
- **Copy of insurance card (front and back)**
 - With athletes name printed on it
- **Transportation form**

Online Athletic Clearance Instructions

1. Visit www.AthleticClearance.com
2. Watch quick tutorial video.
3. **Register**, Parents/Guardians register with first and last name, a valid email username and password. You will be asked to type in a provided code to verify you are human. If this step is skipped your account will not activate.
4. Login.
5. Select **“Start Clearance Here!”** to start the process.
6. Choose the School Year (2019-2020) in which the student plans to participate.
7. Choose the School at which the student attends and will compete for.
8. Choose Sport.
9. Complete all required fields for Student Information, Medical History, Parent/Guardian Information and Signature Forms.
10. Once you reach the **Confirmation Message** you have completed the process. Please review and **print the confirmation page**. **Confirmation message page must be signed by parent and student-athlete.**
11. All of this data will be electronically filed with your school’s athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction on this date: Date Physical Exam Was Given _____ (MM/DD/YYYY)
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician/PA/NP _____, (Please check box) MD DO PA NP



AUTHORIZATION FOR STUDENT PARTICIPATION IN A ONE-DAY OR SEASONAL ACTIVITY

I, the undersigned, authorize my son/daughter _____, to participate in _____ activity scheduled for _____ (date) from _____ am/pm to _____ am/pm or during _____ semester from _____ (date) to _____ (date).

I understand that California law (Education Code section 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims that I might have against the school district or the State of California, their officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

Parent/Guardian Signature

Date

AUTHORIZATION FOR USE OF PRIVATE VEHICLES* FOR STUDENT TRANSPORTATION AND INSTRUCTIONS FOR DRIVERS

I, the undersigned, understand that participation in the above-listed field trip or school activity will require transportation by bus or private vehicles driven by students, parents, or other designated drivers. I certify that I have read the below instructions that apply to all drivers or riders in private vehicles:

- Driver has a valid license. (If provisional or the driver is under 18 years old, passengers under 20 years old may not be transported at any time during the first 12 months; and no driving between 11 pm and 5 am may occur unless accompanied by a licensed parent/guardian or other licensed driver age 25 or older.)
- The vehicle is safe (tires, brakes, lights, horn, suspension, etc.) A safety check of the type conducted by the California Highway Patrol is recommended.
- Driver has adequate liability insurance. Drivers/owners of private vehicles are liable in the event of illness, accident, injury, or death resulting from such use. State law requires that "All persons making any field trips or excursion (either as a driver or rider in a private vehicle) shall be deemed to have waived all claims against the school district, employees, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion or for the use of private transportation driven by students, parents or other designated drivers."
- The number of passengers is appropriate for which the vehicle is designed. Student drivers are not allowed to transport more than three other students in any one vehicle. The number of occupants in a sedan vehicle, station wagon, or van, including the adult driver, may not exceed eight. In all cases, each passenger is required to use a seat belt. Passengers are forbidden to ride in the cargo area of pickups or motor trucks whether or not camper shells or other protective covering enclose these areas.
- Caravan-style travel will be utilized if more than one vehicle is used for the trip.

DESIGNATED DRIVER APPROVAL

Signature of designated student driver: _____ Date: _____

Signature of parent/guardian as a driver or approval for son/daughter to be designated as a driver: _____
Date _____

STUDENT RIDER APPROVAL

Signature of student rider: _____ Date: _____

Signature of parent/guardian for son/daughter to ride in a private vehicle driven by another student, parent, or other designated driver: _____ Date: _____

Returned signed form to Coach.

**Motor homes may not be used to transport students.*