CAPISTRANO UNIFIED SCHOOL DISTRICT SPORTS: (Please check all that apply) **Physical Clearance Form** o Softball o Cross Country o Girls Tennis o Surfing o Girls Water Polo o Boys Tennis o Lacrosse o Wrestling o Basketball o Boys Golf o Girls Volleyball Track Football Dance o Swimming o Girls Golf o Boys Water Polo o Soccer o Baseball o Boys Volleyball o Cheer Grade in 2020-21 Male Female Date of Birth / / _____City & Zip Code______Phone_____ _____Work phone____ ____Cell phone Father/Guardian___ __Work phone_____Cell phone____ Mother/Guardian____ Phone___ _____Insurance___ Emergency Contact____ ***I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated. *SIGNATURE OF PARENT/GUARDIAN* Date __ HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM Any past or present: Yes <u>No</u> Yes No Problems with vision Surgeries Dental problems Eyeglasses Rraces Contacts Problems with hearing False teeth Painful joints Hearing aid. Blacking out or fainting Broken bones Body part,date_ Unconsciousness Knee or ankle problems Convulsions, seizures Require support/brace Heart problems Need for medication Name Menstruation problems Rheumatic fever Hernias Bleeding disorders Blood sugar problems Asthma OTHER HEALTH ASPECTS THE DOCTOR Hypoglycemia AND SCHOOL SHOULD BE AWARE OF: Diabetes Allergies- type Bee or insect stings Hospitalizations Any history of chest pain with exercise? Any history of "racing" heart or skipped beats? Do you experience passing out, near passing out or unexpected tiredness during exercise? Any family history of sudden cardiac death in afamily member under the age of 50? Any family history of Marfan's syndrome Or prolonged QT syndrome? Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma? Any history of recent severe viral illness, infectious mononucleosis, or hepatitis? Any history of the following: absence of one kidney? males: absence of one testicle? Any history of blindness in one eye? Any current active skin infection? PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner) HEIGHT WEIGHT PULSE: _AFTER ACTIVITY_ B.P._ **EYES** THROAT ABDOMEN ORTHOPEDIC **EARS** LYMPH GLANDS HERNIA SKIN THYROID POSTURE OTHER TEETH BRACES HEART MUSCLE TONE NOSE LUNGS REFLEXES Special doctor recommendations or restrictions I have examined the above student and do recommend that he/she is physically fit for full participation in sports. (Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER) Name of physician ______M.D/DO/PA/NP Date _____ **Physician's Office Stamp**

Phone___

CAPISTRANO VALLEY HIGH SCHOOL 2020-21 ATHLETIC CLEARANCE CHECKLIST

1. Visit <u>www.athleticclearance.com</u>	9. Section #2: Medical History. COMPLETE all required fields
2. Review the tutorial video for a quick reference instructional guide.	10. Section #3: Parent/Guardian Information COMPLETE all required fields
3. CREATE an account. Click the "register" link to start an account. Provide a valid email address & password. Note: It's important that you include a valid email address because email verification is required prior to registration.	11. Step #4: Signatures a. Parent/Guardian Signature: Initial all forms b. Student Signature: Initial all forms c. Click SUBMIT
4. Once you create an account you will receive a code (via email or on screen). Enter this code to continue the process. If the email is not in your inbox, make sure you check your junk or spam folder. After you click on the link, you will be able to start the clearance process.	12. You will receive an email that you must print out and sign, verifying each form you have given consent to. Please return the signed consent form only to the Athletic Trainers office to acknowledge the completion of the online process. The athletic trainers office will "clear" each student online and a confirmation email will be sent.
using the username & password you created via the instructions above.	-Multiple Sport Athletes- Once you complete registration, you can select more than 1 sport when the choices are made available, thus saving time for
6. SELECT the "New Clearance" button (upper left corner) to get started.	multiple sport athletes.
7. SELECT the year 2019-2020, Capistrano Valley High School, and also your first season sport.	 -Transfer Students- Each CIF section requires special forms when a student is transferring from one school to another. Make sure you are adhering to all of the eligibility and transfer rules. The online athletic
 8. Section #1: Student Information a. COMPLETE all required fields. b. INSURANCE- All athletes are required to have insurance. (If you would like to obtain insurance, please visit myers-stevens.com) 	clearance process may not be the only forms you are required to complete.
Note: You MUST upload your physical form. You will need to scan/take picture of the form and then upload it from your own PC. Please keep your original physical form for your own records.	

Sports Physicals

No appointment necessary—Walk Ins Welcome

\$40

South Coast Medical Group will donate

\$20

of this fee will back to your schools athletic department.





Aliso Viejo, 5 Journey Suite 130 (next to the library) 949-389-8969

Mon-Fri 8am to 7pm Sat. 9am to 3pm Sun. 10am to 3pm

www.ocfamilydocs.com

Name:	Consent / Patient Info School CAPISTARM	O VALLEYSport to donate to:
Parent Guardian Name: Contact Phone Number		
Address:	City	Zıp:
l authorize South Coast Medical Group and it's associates to perform a sports physical on my child.		
Parent Guardian Signatur	re	Date