Chaffey Joint Union High School District

211 West Fifth Street, Ontario, CA 91762

(909) 988-8511

Los Osos High School 6001 Milliken Avenue Rancho Cucamonga, CA 91701 (909)477-6900

Dear Student Athlete and Parent/Guardian:

The interscholastic athletic program offered by the Chaffey Joint Union High School District provides a worthwhile activity in which all high school students have an opportunity to participate. Such participation is, however voluntary and requires parental consent.

Online Clearance

All signature forms are now online, please read the all of the forms and view the videos provided and if necessary print the forms out and keep them for your records. Follow the instruction provided for you to register to www.athleticclearance (dot) com. Complete all necessary section, signatures from both the student athlete and parent or guardian are required. Everything must be completed and you must receive a clearance notice prior to your student trying out for or participating in any sports or extracurricular activity. Once you have completed your online clearance you are still required to turn in a hard copy of your physical.

Physical

The health history portion should be completed prior to seeing the physician. The evaluation portion must be completed and signed by the physician, with the ***physician's office stamp at the bottom***. The student athlete must pass the evaluation and have full clearance in order to participate in athletics. Pre-participation evaluations are good for one calendar year from the date of the exam.

Physical must have the following to be accepted;

Date of physical - Physician's signature - Dr.'s office stamp,

*****Note: Physicals only accepted by MD, DO, NP, PA******

Per district policy physical exams from a Chiropractor (DC) are NOT ACCEPTABLE

Insurance Information

Coaches and others responsible for the athletic programs within the school district exercise every precaution to protect the athlete from injury while they are practicing for, traveling to or from, or participating in athletic event. In spite of these precaution, accidents sometimes occur which result in injury, since neither the school nor the student has funds to cover expenses resulting from injuries, the responsibility for the payment of such expense must be accepted by the parent or guardian.

For the protection of all concerned, Education Code Section 32220 and 32221 require that every student athlete be covered with insurance for medical hospital expenses in the minimum of $1500. It is the responsibility of the parent or guardian to provide the necessary medical and hospital coverage. Parents whose son or daughter are covered by individual or family insurance plans which meets the requirement of the law may sign the affidavit. Parents are urged to consult their insurance representative to make certain that their personal insurance plan meets the requirement of the law and that it applies to the sport involved, particularly football.

Health and injury insurance must be maintained at all times in order for the student athlete to continue to participate interscholastic athletics or any school sponsored activity.

Under state law, school districts are required to ensure that all members of the school athletic teams have accidental injury insurance that covers medical and hospital expenses. The insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses (Education Code Section 32221.5). Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling California Healthy Families at 1 800 880-5305

Supplementary Insurance is available through Myers-Stevens-Toohey go to

WWW.myers-stevens.com

or pick up a form from your athletic training office to sign up

WARNING: Myers-Stevens tackle football insurance does not cover other sports. If your student intends to participate in additional sports and you do not have insurance, Myers-Stevens offers the School Time Accident or Full-Time (24-hour) accident plan.

CHECKLIST

Please be sure you have completed all of the following steps before turning in your packet

☐ Complete a physical exam from your doctor

- Make an appointment with your doctor for a physical exam. Take the physical form and have it completed by the physician.
- Per district policy physical must be signed by a MD/DO/NP/PA No others are acceptable (Physical must indicate “cleared for all sports without restriction” otherwise additional clearance may be required)
- An official office stamp must be at the bottom of the physical

☐ Complete the online signature process at - athleticclearance.com

- -Student information
- -Insurance Information
- -Physician Information
- -Upload to the website a copy of the physical
- -Parent and emergency Contact information
- -Medical History
- -Athletic Participation Information and Release Signatures
  - (Both student athlete and parents signature are required)
- -Please choose one (1) sport for each season
  not all the sports you will be trying out
- *-Common mistakes- selecting the wrong school year/ Parent signing in both student and parent section*

☐ Once online signature process is completed, turn in a hard copy of the physical to the athletic trainer

Thank You
LOHS
Athletic Department

(PRINT OUT & COMPLETE THE PAGES BELOW)

■ PREPARTICIPATION PHYSICAL EVALUATION

Date of examination: _____

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Current Grade: _____ Class Of: _____

Name: _____ Date of birth: _____ Sex: Male □ Female □

Sport(s): Fall- BCC / GCC / FB / GTEN / BWP / VB / PEP Winter- BBSK/ GBSK/ BSOC/ GSOC/ GWP/ WRS Spring- BAS/ SOFTB / BSWM / GSWM / BTEN / BTRK / GTRK / GLF

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" Answers here. (use additional paper if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____ Signature of parent or guardian: _____ Date: _____

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PREPARTICIPATION PHYSICAL EVALUATION

Date of Exam: _____

PHYSICAL EXAMINATION FORM

Current Grade: _____ **Graduating Class of:** _____

Name: _____ **Student ID#:** _____ **Date of Birth:** _____

Home Address: _____

_____

Home Phone #: _____

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, e-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-enhancing 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 (Q4–Q13 of History Form).

Sports: Fall- BCC / GCC / FB / GTEN / BWP / VB / PEP
Winter- BBSK / GBSK / BSOC / GSOC / GWP / WRS
Spring- BAS/ SOFTB/ BSWM/ GSWM/ BTEN/ BTRK/ GTRK/GLF
Circle one sport for each season

EXAMINATION		
Height: Weight: ☐ Male ☐ Female Temperature:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Medically eligible for certain sports _____

☐ Not Medically eligible Pending further evaluation_____

☐ Not Medically eligible for any sports

Recommendations _____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____OFFICE STAMP_____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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