Clovis Unified School District Athletic Eligibility Form
Intermediate Schools

NOTE: Please read this form completely. Failure to complete this form with accurate information can delay or prevent athletic eligibility. This is the only form that will clear a student for athletic participation including practice. This form also includes the District's Sports Pre-Participation form that you and a Doctor must complete.

Student's Name: _____
Please Print **Last** **First**

Today's Date: _____ Grade Level for Eligibility: _____ Date of Birth: _____ Age: _____ Sex M / F

Parent's Name: _____ Home Address _____

City: _____ Zip: _____ Home Phone: _____ Cell: _____

IMPORTANT
Please answer all the questions "YES" or "NO"

1. What attendance area do you live in? Please circle the proper area.
   Buchanan Clovis West Clovis High Clovis East Clovis North
2. Are you now, or have you ever been in the past school year, on an open enrollment or inter-district transfer to attend a school outside your attendance area? YES NO
3. Do you live with your parent(s) or a legal court approved guardian at the above address? YES NO
4. Have you lived at any other residence in the **last school year**? YES NO
   If yes, when did you move from the previous address? _____
   If yes, list previous address: _____
5. Have you attended any school other than a Clovis Unified school in the past school year? YES NO
   If the answer is yes, what is the name of the previous school? _____
   If the answer is yes, when did you leave the previous school? _____
6. Have you ever repeated any grade level? YES NO If yes, which grade? 7 8
7. What CUSD school did your son/daughter attend in: 6th grade 2nd semester? _____
   7th grade 1st semester _____

ATHLETICS -WARNING OF RISK

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION. By its very nature, competitive athletics may put students in situations in which accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in serious permanent physical impairment as a result of athletic competition. Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. By granting permission for your student to participate in athletic competition, you, as a parent or guardian, acknowledge that such a risk exists. By choosing to participate, you, the student, acknowledge that such a risk exists. **FOOTBALL PLAYERS: No helmet can prevent all head or neck injuries a player may receive while participating in football. DO NOT USE YOUR HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.** If any of the foregoing is not completely understood, please contact your school Athletic Director for further information.

SIGN & RETURN

CLOVIS UNIFIED SCHOOL DISTRICT
ATHLETIC PROGRAM PARTICIPATION WAIVER
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION AGREEMENT

Student Name:	
District School:	
Athletic Program:	

I understand and acknowledge that participation in the above Athletic Program and any related activities (collectively known herein as "Activity"), by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- Sprains
- Fractured bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Activity related injury/illness
- Loss of eyesight
- Communicable diseases
- Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity so that I can make a voluntary choice to participate or not participate.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that Clovis Unified School District ("District") and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify: _____
Name Telephone

In consideration of being permitted to participate in the above Athletic Program and any related activities, I agree to assume any and all liability and responsibility for the potential risks which may be associated with participation in such Activity or any activities incidental thereto. I further agree by my signature below to exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Clovis Unified School District, its Board, officers, agents, employees or volunteers from any and all liability or responsibility for property damage, personal injury, and bodily injury (including wrongful death) that I might sustain which is incident to, associated with preparing for, and/or while participating in any activity connected with said Athletic Program, including travel provided by the District to and from Activity locations. I understand that this provision is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that I have carefully read and understand this Athletic Activity Program Waiver, Release of Liability and Medical Treatment Authorization Agreement, and that I voluntarily agree to its terms and conditions.

_____ _____
Signature of Participant **or, if Participant is a minor**, Parent/Guardian Date

_____ ☐ Check Box if Participant is a Minor
Print Name of Participant **or, if Participant is a minor,** Parent/Guardian

Participant's Age (if minor): ____

Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports ***one or more*** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness *(even briefly)*	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events *prior* to hit or fall	Confusion
Can't recall events *after* hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness *(even a brief loss of consciousness should be taken seriously)*

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal*.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: **www.cdc.gov/Concussion**.

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING is the #1 SYMPTOM OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidently hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest

Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1

Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR

Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation

Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care

Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting or seizure, especially during or right after exercise
- ☐ Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- ☐ Racing or fluttering heart palpitations or irregular heartbeat
- ☐ Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- ☐ Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 50
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- ☐ Known structural heart abnormality, repaired or unrepaired
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

_____

_____

For more information about Sudden Cardiac Arrest visit

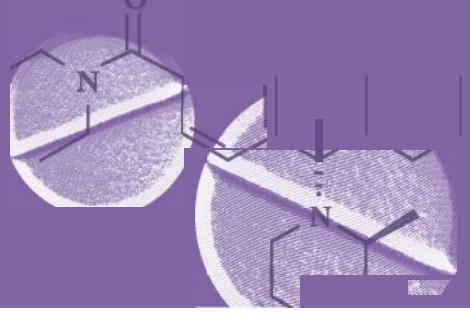
California Interscholastic Federation
http.www.cifstate.org

Eric Paredes Save A Life Foundation
http:www.epsavealife.org

CardiacWise (20-minute training video)
http.www.sportsafetyinternational.org

ERIC PAREDES SAVE A LIFE FOUNDATION

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Hospital Association®

May 9, 2016

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal- directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

RX

Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider as directed.
  - ◊ Work together to create a plan on how to manage your pain.
  - ◊ Talk about ways to help manage your pain that don't involve prescription opioids.
  - ◊ Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - ◊ Never sell or share prescription opioids.
  - ◊ Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

ACKNOWLEDGEMENT OF KNOWLEDGE OF RULES

Athletes and Parents: *Please take the time to read through the information in this packet. After reading the rules, please sign below as an acknowledgment that you have read and understood the policies, rules and procedures for Clovis Unified School District (CUSD) and agree to abide by them.*

I understand that giving false information on this application to participate in athletics may result in the loss of athletic eligibility.

Signature of Student _____ *Signature of Parent* _____

We have read and understood the material included in the "Warning of Risk", including the Football Helmet warning. I certify that I have read and understood the warning.

Signature of Student _____ *Signature of Parent* _____

We have read and understood the material included in the "Parent/Athlete Concussion sheet". I certify that I have received and read the information.

Signature of Student _____ *Signature of Parent* _____

We understand and agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We understand under CIF Bylaw 200.D there could be penalties for giving false/fraudulent information. We understand CUSD's policy on illegal drug use will be enforced for any violations of these rules.

Signature of Student _____ *Signature of Parent* _____

We have read and understood the material included in the "Prescription Opioid Fact Sheet". I certify that I have received and read the information.

*Signature of Student*_____ *Signature of Parent*_____

I understand that my child **must have medical insurance** that provides at least $1500 accidental injury coverage. I, the parent, have completed the health history of my student athlete. I understand that CIF By-Law #306 requires an annual Clovis Unified School District Sports Pre-Participation Screening for athletics and that the Screening **WILL NOT** expire during the season of sport in which the athlete is participating.

Medical Insurance Provider: _____ Policy #:_____

Signature of Student _____ *Signature of Parent* _____

We have read and agree to the policies stated in my schools Parental/Guardian Code of Conduct and the CUSD Code of Conduct - Board Policy 2505(B) regarding the conduct of athletes and the parents/guardians of CUSD students participating in co-curricular activities. We acknowledge that a student may be disciplined or removed from a team for violation of any of the provisions of the codes or policies for co-curricular participation in CUSD. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

Signature of Student _____ *Signature of Parent* _____

I understand that my child will be ineligible in the next season's sport until all equipment obligations are met. If there are any outstanding obligations, student will be ineligible for graduation ceremonies or registration for the following year.

Signature of Student _____ *Signature of Parent* _____

We have read and understand the material included in the "Sudden Cardiac Arrest information sheet". I certify that I have received and read the information.

*Signature of Student*_____ *Signature of Parent*_____

SIGN & RETURN

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent/guardian & athlete signatures

Student's Name _____ Sex M / F Age_____Date of Birth _____
Address _____ Student ID # _____
Grade _____ School _____ Sport(s) _____
In case of emergency, contact: Name _____ Relationship_____
Phone #'s: (H)_____ (W) _____ (C) _____

Explain **"YES"** answers below. Circle questions you do not know the answer to.

	YES	NO
1. Do you have any major health conditions?	☐	☐
2. Have you had a medical illness or injury since your last checkup or sports physical?	☐	☐
3. Have you even been hospitalized overnight?	☐	☐
4. Have you ever had surgery?	☐	☐
5. Are you missing an organ or body part?	☐	☐
6. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?	☐	☐
7. Do you have any allergies to medication, food, stinging insects, or pollen?	☐	☐
8. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
9. Have you ever been dizzy during or after exercise?	☐	☐
10. Do you get tired more quickly than your friends do during exercise?	☐	☐
11. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
12. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
13. Have you had a severe viral infection such as infection of the heart or mononucleosis within the last six months?	☐	☐
14. Has a **doctor** ever told you that you have any heart problems? If so, check all that apply: ☐ Heart murmur ☐ Heart infection ☐ High cholesterol ☐ High blood pressure ☐ Kawasaki Disease ☐ Other:_____	☐	☐
15. Has a doctor ever ordered a test for your heart, such as ECG/EKG (Echocardiogram)?	☐	☐
16. Do you have any current skin problems such as itching, rashes, acne, warts, fungus, or blisters?	☐	☐
17. Have you ever had a head injury or concussion?	☐	☐
18. Have you ever been knocked out, become unconscious or lost your memory?	☐	☐
19. Have you ever had a seizure?	☐	☐
20. Do you have frequent or severe headaches?	☐	☐
21. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐

	YES	NO
22. Have you ever had a stinger, burner, or pinched nerve?	☐	☐
23. Have you ever become ill from exercising in the heat?	☐	☐
24. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
25. Do you have asthma or use an inhaler?	☐	☐
If "Yes", Do you carry your inhaler while you are playing sports?	☐	☐
26. Do you have diabetes?	☐	☐
If "Yes", do you take insulin?	☐	☐
27. Do you use any protective or corrective equipment or devices that aren't usually used for your sport or position, such as knee braces, special neck roll, foot orthotics, retainer on your teeth, or hearing aid?	☐	☐
28. Have you ever had a sprain, strain, or swelling after injury, or any problem with pain or swelling in muscles, tendons, bones, or joints? If "Yes", which locations: _____	☐	☐
29. Have you had any problems with your eyes or vision, wear glasses, contact lenses, or protective eyewear?	☐	☐
30. **For females:** Age at first period: _____ Are periods regular?	☐	☐
31. Date of last tetanus shot: _____ Tdap date: _____		

Explain "YES" answers here: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I hereby state, that to the best of my knowledge, my answers to all the above questions are correct and complete and I take full responsibility for any incorrect answers.

Signature of Athlete _____ **Signature of Parent/Guardian** _____ **Date** _____

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent & athlete signature

Student's Name _____ **Sex M or F** **Date of Birth** _____

Height: _____ **Weight:** _____ **BMI:** _____ **Pulse:** _____ **BP:** _____/_____ **Hgb:** _____

Vision: Grossly Intact _____ **Corrected: Y or N** **Pupils: Equal** ____ **Unequal** ____

Physical Screening	Normal Findings	X	Abnormal Findings	No Exam
Appearance	WDWN			
Eyes/Ears/Nose/Throat	WNL			
Lymph Nodes	WNL			
Hearing	Grossly Intact			
Heart	RRR, No Significant Murmur			
Pulses	WNL			
Lungs	Clear/equal			
Abdomen	Soft, No HSMT			
Skin	Warm/Dry/Intact			
Neck	FROM			
Back	No Scoliosis			
Shoulder/Arm/Elbow	FROM, = strength			
Forearm/Wrist/Hand	FROM, = grip/strength			
Hip/Thigh/Knee	FROM			
Leg/Ankle/Foot	FROM			
Hernia/Squat/Duck Walk	WNL			
Immunizations given				

CLEARANCE

☐ Cleared

☐ **NOT** Cleared until completed evaluation/rehabilitation for: _____

_____

_____

_____

☐ Not cleared for: _____ Reason: _____

☐ Recommendations: _____

_____

_____

_____

_____

Name of Health Care Provider (print/type/stamp): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of Health Care Provider: _____Date of signature: _____

This form was developed based upon guidelines from the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Academy of Sports Medicine, 2009.

Rev: 05/10/2013