

Chaffey Joint Union High School District

211 West Fifth Street, Ontario, CA 91762

(909) 988-8511

Rancho Cucamonga High School 11801 Lark Dr. Rancho Cucamonga, CA 91701 (909)989-1600



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.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 and one (1) emergency Card

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: Physical are only accepted from a MD or DO*******

Per district policy physical exams from NP (Nurse practitioner, PA (Physician Assistant) and Chiropractor 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.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Class Of _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

Class Of _____

Sport _____

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
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation 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 _____ Office Stamp _____ Phone _____

Signature of physician _____ Here: _____, MD or DO

Chaffey Joint Union High School District
ATHLETIC EMERGENCY INFORMATION CARD

Name _____
Last First Middle Sex Class of Birth Date

Home Address _____ Home Phone _____

Student ID # _____ Living with **Father** **Mother** **Both** **Guardian**

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT CONTACT

1. Name Father/guardian _____ Place of Employment _____
Work Phone _____ ext. _____ Alternate # _____

2. Name Mother/guardian _____ Place of Employment _____
Work Phone _____ ext. _____ Alternate # _____

Emergency Contact

Contact 1. Name _____ Relationship _____
(Name of Neighbor or Local Relative)
Phone _____ Alternate# _____

Contact 2. Name _____ Relationship _____
(Name of Neighbor or Local Relative)
Phone _____ Alternate# _____

Family Doctor _____ Phone _____
(Name)

Health Plan: Kaiser Blue Cross Medi-Cal Other _____ Plan/Medi-Cal # _____

I give my permission for school authorities to bill Medi-Cal and/or my medical insurance for medical services rendered at the school site. Yes No

THE DISTRICT DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR SCHOOL ACCIDENTS.

If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps needed to protect the health of this student.

Does this student have a known health condition which may affect him in school? NO YES (Please explain on reverse side.)

DATE _____ Signature of Parent or Guardian _____

PE 24 (Rev.5/09)

MEDICAL ALERT
(CONDITIONS REQUIRING SPECIAL MEDICAL CARE)

1. Any health problems or illness/ accident/ chronic condition (allergies, bleeder, diabetes, frequent fainting, heart condition, etc)
Please Explain _____

2. Any history of seizures? Yes No If yes explain _____

3. Emergency Medication (name) _____

Reason _____

Allergies to medication (name) _____

ADDITIONAL INFORMATION

PHYSICALS CHECKLIST

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

1. Please read and follow all of the following directions
2. Print and complete ALL the forms found on the link at the bottom of this page.
3. Complete a physical exam from your doctor
 - Per district policy physical must be signed by a MD/OD all others are not acceptable (Physical must indicate "cleared of all sports without restriction" otherwise additional clearance may be required)
 - An official office stamp must be at the bottom of the physical
4. Complete the online signature process at athleticclearnace.com. Link is at the bottom of this page
The link at the bottom of this page
 - -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 for
 - -Common mistakes- selecting the wrong school year/ Parent signing in both student and parent section
5. Turn in, to the RCHS trainer Mr. Liu, the hard copies of the properly completed physical and an emergency cards. **Both the Hard copies and On-line portions must be completed for the student to be cleared**
6. Links:
 - Required Physical Forms – [Click Here](#)
 - On-line Clearance: www.athleticclearnace.com