San Dieguito Academy Athletics

FALL (Aug – Nov)	Winter (Nov – Feb)	Spring (Feb – May)
Boys Water Polo	Boys Basketball	Baseball
Cross Country (co-ed)	Girls Basketball	Softball
Field Hockey	Boys Soccer	Boys Lacrosse
Girls Golf	Girls Soccer	Girls Lacrosse
Girls Tennis		Boys Golf
Girls Volleyball		Boys Tennis
		Boys Volleyball
		Track & Field (co-ed)

In order to be eligible to try out for a sport, you must first complete the following:

- ☐ Log on to www.AthleticClearance.com and complete the online clearance process. Instructions are attached. Bring confirmation page to the Athletic Secretary, along with the following.
- ☐ Hard copy of the physical. Physicals are good for one calendar year and must be signed by an MD, DO, PA, or NP.
- ☐ Photocopy (front and back) of health insurance card. The San Dieguito Union High School District does not provide medical insurance coverage for school-related injuries. The District makes student accident insurance available for parents to purchase if they do not have health insurance or as a supplement to their own policy. Please refer to the Athletics website or see the Athletic Secretary for more information.
- ☐ Copy of most recent report card. You must have a 2.0 in order to be eligible for a team.

Once all of these items are complete and turned in to the Athletic Secretary, a blue clearance card will be issued. The blue card is given to the coach at tryouts. No athlete will be allowed to try out without a blue card. For more information on SDA Athletics, visit the school website at www.sd.sduhsd.net and click on Athletics.

Online Athletic Clearance Instructions

1. Visit **www.AthleticClearance.com**
2. Watch quick tutorial video
3. **Register**. Parents register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate.
4. Log-in.
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Cross Country in Aug 2016 would be the 2016-2017 School Year.*
   Choose the School where the student attends.
   Choose Sport.
7. Complete all required fields for Student Information, Educational History, Medical History, and Signature Forms.
8. Your electronic signature must be your full name and must be entered individually by the Athlete AND the Parent.
9. Once you reach the **Confirmation Message** you have completed the process.
10. 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.

Online Athletic Clearance FAQ

Multiple Sports

Once you complete a clearance for one sport, most of the information you have entered will be retained in the system. To register for an additional sport, select New Clearance after entering the year, school, and sport. Most of your information will auto fill.

Physicals

The physical form can be downloaded from the online clearance website or SDA's Athletic website. Please turn this completed form in with front and back copies of the insurance card to the athletic secretary.

Questions? Contact Lindsay@athleticclearance.com

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ______________________________

Name ______________________________ Date of birth ______________

Sex ______ Age ______ Grade ______ 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: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ 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: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ 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 ______

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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

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 **Name:** ______ **Date of Birth:** ______

☐ Male ☐ Female Height: ______ Weight: ______

BP: ____/____ (____/____) Pulse: ______ Vision: R 20/____ L 20/____ Vision Corrected: ☐ Yes ☐ No

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	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. [b]Consider GU exam if in private setting. Having third party present is recommended. [c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE

☐ 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: ______ Phone: ______

Signature of physician: ______ **MD, DO, PA OR NP**

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