HEMET

High School

Hemet High School Athletics

ATHLETIC ELIGIBILTY

CIF RULES AND District policy require that any student who intends to participate in an athletic contest must comply with special regulations. **These rules are not negotiable and will result in game forfeiture if a school/student fails to comply.** Therefore, if you plan to participate in high school athletics, please be prepared to complete the following documentation:

ALL DOCUMENTS ARE NOW DONE ONLINE

Every Student Athlete MUST:

- **Create an account at www.AthleticClearance.com (you will need a separate clearance for each sport).**
- **Current Physical (uploaded to account)**
- **Proof of medical insurance (medical insurance card- uploaded)**

Please note: If you are not able to upload you physical online, you MUST turn in a hard copy of your physical and proof of insurance (medical insurance card) to the Athletic Office in order to be cleared. All other documents need to be done online. If you have any questions, please call the Athletic Office at 951-765-5150 ext. 2031.

If you will be participating in multiple sports, you will need a clearance for each sport.
Please see instructions and FAQs on page 2.

It is also required that the following criteria be met:

- Enroll in, attend, and pass at least twenty (20) units.
- Maintain a 2.0 GPA.
- It is highly recommended that each student athlete obtain an ASB (Associated Student Body) card through the ASB office.

HOW TO CREATE AN ATHLETIC CLEARANCE ACCOUNT

1. Visit www.AthleticClearance.com.
2. Watch quick tutorial video.
3. **Register.** Parents register with a 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. Login.
5. Select "New Clearance" to start the process.
6. Choose the current school year in which the student plans to participate. Example: *Football in Sept 20xx would be the 20xx-20xx school year.*
7. Complete all the required fields for Student Information, Medical History, Parent/Guardian Information, and Signature Forms.
8. Donate to your athletic program or pay participation fees (private schools only).
9. Once you reach the Confirmation Message, you have completed the process.

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 and, after you enter the year, school, and sport, most of your information will Auto-Fill.

Physicals

The physical form your school uses can be downloaded at Step #1 or Student Info at the bottom of the page. Most schools will accept the physical online (done by uploading the completed form on Step #1) as well as turning in a hard copy to the Athletic Department.

Questions? Contact Lindsay@athleticclearance.com

Hemet Unified School District

Pre-participation Physical Exam Form (Medical History)

Student's Name ______________________________ Birth Date ______________ Sex ________
Last First Middle

School ____________________ Grade __________ Place of Birth ____________________

Address ____ Phone ______________
Street City Zip

Parent/Guardian Name(s) ____

History

This section is to be completed by the student and his/her parents or legal guardians before participation in athletics.

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

	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have an ongoing medical condition, like diabetes or asthma?	☐	☐
3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?	☐	☐
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have? Check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that cuased you to miss a practice or game? If yes, circle affected are below:	☐	☐
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	☐	☐
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical Therapy, a brace, cast, or crutches? If yes, circle below:	☐	☐

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Hip	Thigh	Upper Back	Lower Back	Knee	Calf/ Shin	Foot/ Toes	Ankle

	YES	NO
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 atlantoaxial (neck) instability?	☐	☐
22. Do you regulary use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who has asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. Do you have any rashes or pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you ever had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contacts lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐

FEMALES ONLY

	YES	NO
47. Have you ever had a menstrual period?	☐	☐

48. How old were you when you had your first menstrual period?_____

49. 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__________

© 2004 American Academy of family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Hemet Unified School District

Physical Examination

Student's Name ______________________________ Birth Date __________
Last First Middle

Height __________ Weight __________ % Body Fat (optional) __________ Pulse __________ B/P ___/___

Vision R 20/_____ L 20/ _______ Corrected: **Y** **N** Pupils: Equal __________ Unequal __________

	Normal	Abnormal Findings	Initials*
MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genetalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knees			
Leg/Ankle			

*Station based examination only

Clearance

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: ______________________________

☐ Not cleared for: ______________________ Reason: ______________________
☐ Recommendations: ______________________________

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (Note exceptions above).

Physician's Name and Address (stamp or print)

Examiner's Signature Date

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P) performed the exam, name and address of collaborating physician or physician group.

Examiner's Telephone Number